

Registration	Record Number	
E		

## **Client Information**

Client/Owner Name			Date of Birth
Address			
City		_State	Zip Code
Daytime/Primary Phone ( )			
Cell Phone ( )	E-Ma	il Address	
Other/co-owner: Name			Date of Birth
Daytime Phone ( )		Evening I	Phone ( )
Please list anyone else who may be	responsible for	your pet's car	re: (roommate, children, etc.)
How did you choose Muller Veterin  AAHA Animal Shelter YELP Who can we thank for your referral?	Vebsite Location		
Pet(s) Information  Name Dog/Cat/Rabbit/Othe	r Breed Da	te of Birth/Ag	ge Female/Male Spayed/Neutered

### **Payment**

We will gladly prepare a written estimate for services (please ask our doctor or receptionist). Muller Veterinary Hospital requires payment in full at the end of your per's examination and/or at the time of discharge. We accept Mastercard, Visa, American Express, Discover and Care Credit cards, and personal checks. There will be a service charge of \$25.00 for any check returned unpaid.

## **Prescriptions**

We have a comprehensive pharmacy on premises and carry many of the products that our veterinarians may prescribe for your pet. However, pursuant to California Business & Professions Code, Sec. 4170, Article 12: Prescriber Dispensing, you may request a written prescription to be filled by a pharmacy of your choice rather than filling medication(s) at our hospital.

#### Cancellation/No Shows

We see patients on an appointment only basis. This ensures that we are able to provide appropriate care to all of our patients. If you are scheduled to see us and are unable to keep your appointment, please contact our office as soon as possible so that we may schedule your time for another patient. If you cancel appointments with less than 24 hours notice, or fail to come in for your appointment, you may be subject to a \$35 charge. This charge is not covered by pet insurance companies.

## **Medical Record Copies**

Should you need a personal copy of your pet's medical record there is a \$10 fee for faxed or photocopies. We will fax records to referral veterinarians free of charge.

#### **Insurance**

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier. Once your claim is submitted, your insurance company will reimburse you for the services they cover under your policy.

Thank you for entrusting us with the care of your pet(s). If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Signature of Client responsible for Pet(s)

Date

# **Internet Permission Form**

http://www.thek9rehabcenter.com/

Muller Veterinary Hospital and The Canine Rehabilitation Center has joined the world of social media and we would love to share our cherished patients with our clients and fans! We are asking for your consent to share your pet's picture and/or story on our social media web pages and on our websites.

\*Note-Muller Veterinary Hospital and The Canine Rehabilitation Center will never share any of your personal, client information over the internet.

(Please check one)	
I <b>GIVE</b> Muller Veterinary Hospita permission to post my pet's photo, first nan pages and website.	al and The Canine Rehabilitation Center ne, and story on their public social media web
I <b>DO NOT</b> give Muller Veterinary H permission to post my pet's photo, name and website.	ospital and The Canine Rehabilitation Center I story on their public social media web pages
Name (please print)	
Pet's name(s)	
Signature:	Date
We appreciate you taking the time to contests, updates and other fun activ	
Check our website for updated blogs o	and pet success stories!
http://www.mullerveterinaryhospital.com/	