

Welcome to Miramar Animal Hospital!!
Thank you for allowing us to care for your pet(s).

Client (Owner) Information:

Ms. Mrs. Mr. Dr.

First Name: _____ Last Name: _____

Client (owner) Street Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone#: _____

Email (Please Print Clearly): _____ @ _____

Emergency Contact: _____

How did you hear about our clinic? _____

Who can we thank for the referral? _____

Patient Information:

Name: _____ Feline __ Canine__

Breed: _____ Female Male _ Spayed/ Neutered? _____

DOB (known): ____/____/____ Estimated as: ____/____/____

Patient Color & Markings: _____

Does your pet have any reoccurring or significant medical history? **YES NO**

Is your pet on any medications? **YES NO**

Does your pet have a microchip? **YES NO**

Financial Policy Summary: We ***do not*** bill for services. In-patient care is written consent. Payment is due in full at the time that services are performed. We accept CASH, VISA, MASTERCARD, DEBIT, CARE CREDIT and AMEX payments.

I have read, understood, and agree to the Financial Policy.

Signature

Date

