

## **New Patient Registration Form**

Owner* First Name:		Last Name:			
Address:		City:			
State:Zip:	E	Email:			
Home Phone #:		Cell i	<b>#</b> :		
Best Numbe Co-Owner* First & Last Name:	_	-	one): ☐ Home Phone:		
*Owner and Co-Owner have sole an treatments including and up to eur	thanasia. Other fai		s or caregivers will		
	HOW DID YOU	J HEAR ABO	UT US?		
☐ Drive by ☐ Pet Spa	Google	] Yelp	☐ Community Ev	ent:	
☐ Family or Friend	d? Who do we th	ank?:			
PET(S) INFORMATION					
Pet's Name: Date of Birth or Approximate age:					
Check All That Apply: □	□DOG □CAT		☐ NEUTERED	☐ FEMALE ☐ SPAYED	
Breed:		Col	or:		
Pet's Name:	Da	te of Birth	or Approximat	e age:	
				☐ FEMALE ☐ SPAYED	
Breed:			or:		
		<del></del>			
Pet's Name:	Da	te of Birth	or Approximat	e age:	
Check All That Apply: □	□DOG □CAT		<b>NEUTERED</b>	☐ FEMALE ☐ SPAYED	
Breed:		Col	or:		
Owner / Co-Owner Signature:			Date:		

(See reverse side for hospital policies)



We strive to provide excellent customer service and high-quality patient care. The following are important topics and we like to be proactive and follow your wishes. Please do not hesitate to inquire if you would like further explanation or more information on any of these topics. You can change your preferences at any time.

In case of an emergency: I authorize MuraBella Animal Hospital to perform life saving measures including CPR up to \$500 in cost. I understand the doctor will only utilize this agreement if my pet's heart stops beating or my pet stops breathing while at MuraBella Animal Hospital.

Does your pet or anyone in your household have a peanut butter or cheese allergy?
We love to share success stories, testimonials, and photos for educational, training or marketing purposes. Owner name(s)
will not be used and there is no expectation of financial compensation. Let us know if you do NOT want your pets' photo
shared.

Many drugs that have been approved for use in humans and/or some animals have also been proven to be safe and effective in species for which the drug is not labeled. Our Veterinarians, often by necessity, must recommend, administer and prescribe drugs that are considered off-label. With notification I authorized my pets' veterinarian to use off-label medications where appropriate.

I authorize the release of my pet's medical records to local government, grooming, boarding, day care and veterinary facilities without additional consent. Additionally, in the event that you've notified us your pet is covered by veterinary pet insurance, we will send medical records to your insurer when requested.

At times you may invite an employee or another 3rd party service whom we recommend watching your pets / home when you are out of town. These services are established privately and are separate from any medical care or veterinary services you are receiving from MuraBella Animal Hospital.

Cancellations without 12hrs notice or No-Show Appointments will be charged a \$20 fee. If you are more than 15 minutes late to your appointment you may have to wait or be rescheduled to another day.

If your pet is staying in the hospital with us, examples include surgery, drop-off appointment, grooming, hospitalization and other reasons, and live fleas, ticks or other parasites are found on your pet, they will be treated for this issue with no additional communication and at your sole expense. This ensures the health and safety of other patients and team members.

There are risks involved when purchasing pharmaceuticals or food products for your pet over the Internet or from pharmacies that do not get their products directly from the manufacturer. By signing, I acknowledge that I have been informed of the risks involved, and accept any and all responsibility, financial or otherwise, that may occur from this decision. I understand that MuraBella Animal Hospital, including staff, doctors, and affiliated parties will be held harmless from the use of products and/or prescriptions purchased from sources outside of the clinic's monitoring and control.

Welcome to the MuraBella Family!

