

Magruder Tabb Animal Clinic

Registration/ Patient Information

Home Phone: _____

Owners Name: _____ Spouse/Other: _____

Address: _____ Apt/Ste: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Spouse Employer: _____

Work Phone: _____ Spouse Work Phone: _____ Cell (optional): _____

Emergency Contact (name and number): _____

Referred By: _____ Previous Veterinarian: _____

Would you like to be able to access your pet's medical records online and receive shot reminders in your email?

Yes No

Email: _____

Spouse Email: _____

Pet Information

Name	Dog/Cat / Other	Breed	Color	Date of Birth	Sex (M/ F)	Neuter ed/ Spayed (Y/N)	Any Known Allergies
1.							
2.							
3.							

I, the undersigned, certify that I am the owner or agent of the owner of all pet(s) described above and have the authority to execute this document. I request that the Magruder-Tabb Animal Clinic, its veterinarians, agents, and employees perform the services which are necessary for the examination and medical treatment of my pets. I assume responsibility for all charges incurred for the care of my pets. I also understand that these charges will be paid **in full** by cash, check, Care Credit or credit/debit card (*MasterCard, Visa, American Express or Discover*) at the time services are rendered and that a deposit may be required for surgical or extended medical treatment. An estimate of charges is available within a reasonable time at my request. A monthly service charge is assessed on all balances 30-days overdue. The service charge is \$5.00 or 1 ½% per month (18% annual) added, whichever is highest. Any account requiring legal action will have legal fees of 33 1/3% and all court costs added to the account.

Owner or Responsible Party _____ Date: _____