



Mueller Animal Hospital

4148 East 8th Avenue
Hialeah, Florida 33013
Phone: 305-688-0561 Fax: 786-329-5164
www.muelleranimalhospitalmiami.com

Registration Form

Date: _____

Registration for: Mueller Animal Hospital

Please complete all Information

First Name: _____

Last Name: _____

Home Phone: _____

Pager /Cellular: _____

Drivers License: _____

Employer: _____

Work Phone: _____

E-mail: _____

Spouse's Name: _____

Who is financially responsible for Payment?: _____

Signature: _____

Address:

City: _____

State: _____

Zip code: _____

Who referred you?: _____

In case of emergency, or if pet is hospitalized, what is the best way to reach you? Please include Names & Phones:

Pet Name: _____ **Breed:** _____ **Age:** _____ **Male:** _____ **Female:** _____ **Spay/Neuter:** _____

Pet Name: _____ **Breed:** _____ **Age:** _____ **Male:** _____ **Female:** _____ **Spay/Neuter:** _____

Pet Name: _____ **Breed:** _____ **Age:** _____ **Male:** _____ **Female:** _____ **Spay/Neuter:** _____

Please Note: Payment is due at the time services are rendered; we do not allow any outstanding debts and we do not do billing. All checks are subject to approval and conditions of the Check Insurance Company. I.D. &/or Driver's License is required to pay with checks or credit cards. Returned checks will be charged a \$30.00 fee as permitted by Florida Statute section 125.0105 and 68.065.

For your convenience we do accept most major credit cards and ATM. CARE CREDIT Card can be accepted here. Please ask the reception if you are interested in applying for credit or paying with Care Credit.

A 60 % or more deposit of the estimate is a requirement for boarding or hospitalization for any procedure. All hospitalized or boarded pets must be current on vaccinations and be free of all parasites (internal and external) Your signature authorizes the doctor to provide vaccines and parasite control as needed if your pet is in the hospital.

All in-hospital procedures and policies require a signed authorization form. A written estimate of costs can be provided upon request. We reserved the right to provide services.

I have read, understand and agree to the conditions above.

Print Name & Sign: _____

Date: _____