ANIMALS R' US VETERINARY CLINIC

Timothy J. Murphy, D.V.M. • Scott Carter, D.V.M. • Brady Renner, D.V.M.

PHONE: 853-3535 • 8901 W. STATE • BOISE, IDAHO 83703

CLIENT NAME _____ Spouse/other NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: Home: _____ Work: _____

EMPLOYER NAME & ADDRESS: _____

At what time: _____ and at what phone number _____ is it best to call about your pet?

EMERGENCY NAME AND PHONE NUMBER: _____

E-MAIL: _____

ANIMAL'S NAME _____ APPROX. DATE OF BIRTH _____

❒ Dog ❒ Cat ❒ Other _____ Sex: ❒ Male ❒ Neutered ❒ Unneutered

Breed: _____ ❒ Female ❒ Spayed ❒ Unspayed

Color & Special Markings: _____

Medical Problems or Current Medication: _____

Previous Veterinarian(s) where past records could be obtained if necessary _____

REASON FOR VISIT: _____

I give ANIMALS R' US permission to use photos of my pet online: ❒ YES ❒ NO

I hereby authorize the Doctor and/or Staff to administer treatment as considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics as are necessary and surgical procedures requested and/or needed.

I also assume responsibility for all charges incurred in the care of this animal and understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

A service charge of 1.5% will be added to all accounts 30 days or more past due or a minimum rebilling charge of $3.00 per month.

Abandonment Clause: Any animal left over five (5) days without prior arrangement will become the property of ANIMALS R' US and will be handled accordingly.

SIGNATURE OF OWNER OR RESPONSIBLE AGENT: _____

VACCINATION RECORD

RABIES									
4-WAY									
5-WAY									
6-WAY									
FELV									
BORD									
CARONA									
OTHER									
OTHER									
REMINDER CARD MADE:									