

Garden State Animal Hospital Client Information Form

Owner Information:

Owner's Last Name: _____ Owner's First Name: _____

Spouse's Last Name: _____ Spouse's First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Phone Number: _____

Employer Address: _____

Emergency Contact: _____ Phone Number: _____

Authorized Representative of Owner (if owner will not be present for appointment):

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Pet Information:

Pet's Name: _____ Species (*feline or canine*): _____

Breed: _____ Date of Birth / Approx. Age: _____

Sex (*male/female*): _____ Color: _____ Neutered/Spayed?: _____

Allergies / Pre-Existing Conditions: _____

Do you have Pet Insurance? _____ If so, which company? _____

Referral Information / Previous Veterinary Facility:

Name of referring party and/ or previous veterinary facility: _____

Address: _____ Phone #: _____

How did you hear about us?

Friends/Family: _____ Internet: _____ Magazines: _____ Postal Mailings: _____ Other: _____

Consent and Authorization:

I hereby represent that I am over the age of 18 and authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal, I also understand that these charges will be paid when the services are rendered and that a deposit may be required for treatment. Garden State Animal Hospital charges a \$10 monthly service fee for clients with balances 30 days past due.

Payment Type:

Cash: ___ Debit Card: ___ Credit Card: ___ Check: ___ (*Drivers License #* _____) Care Credit: ___

Acknowledgment and Agreement:

Signature: _____ Date: _____

Print Name: _____ CSR Initials: _____