

Garden State Animal Hospital Client Information Form

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

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

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Email _____

Emergency Contact _____ Phone Number _____

Employer _____ Phone Number _____

Employer Address _____

AUTHORIZED REPRESENTATIVE OF THE OWNER (if owner will not be present for appointment)

Last Name _____ First Name _____

Address _____

Home Telephone _____ Cell Phone _____ Email _____

Employer _____ Phone Number _____

Employer Address _____

PET INFORMATION

Pet's Name _____ Species _____ Breed _____

Sex _____ Date of Vaccinations _____ Color _____

Neutered _____ Weight _____ Date of Birth _____

REFERRAL INFORMATION

Name of your primary Veterinarian and/or Facility _____

Address _____ Phone Number _____

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.

PAYMENT TYPE

_____ Cash _____ Debit Card _____ Credit Card _____ Check[Drivers License # _____] _____ Care Credit

SERVICE CHARGES

In the event of additional charges or payments due, consent is hereby given to post additional charges to debit card, credit card or Care Credit. In the case of non-payment, I hereby promise to pay an additional fee of 1.5% per month of the outstanding balance on the account together with any collection costs, plus attorney fees, incurred to affect collection of this account. Should account balance become more than 30 days delinquent and is referred to collection agency, you will be responsible for fees of 33% of the balance in addition to service charges. In the case of a returned check, I acknowledge that there will be a fee of \$50 imposed by and payable to GSAH.

ACKNOWLEDGEMENT AND AGREEMENT

Signature

print name

Date