

ENGLEWOOD VETERINARY CENTER

New Patient / Client Information

Pet Picture Availability YES NO

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: _____ Spouse/Other: _____
 Address: _____ City/Zip: _____
 Home Phone: _____ Cell Phone: _____
 Employer: _____ Work Phone: _____
 Email address: _____ Would you like e-mail reminders? Yes / No

Name of previous/current veterinarian/hospital: _____

How did you hear about our hospital? **Please circle.**

Friend: _____ Internet Newspaper Postcard
 Other: _____ Event Pass by Ad

All fees are due at the time services are rendered.

We will gladly prepare a written estimate for any procedures. Please ask a receptionist, technician, or doctor.

To help prevent the spread of infectious disease, ALL hospitalized animals must be current on all recommended vaccinations.

NEW JERSEY LAW REQUIRES THAT ALL DOGS BE CURRENT ON RABIES VACCINATIONS.

Vaccinations can be updated at the time of your appointment if not current.

General Information	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Color			
Age or Date of Birth			
Sex	M - F	M - F	M - F
Neutered or Spayed?	Y - N	Y - N	Y - N
Microchip?	Y - N	Y - N	Y - N
Diet (name of your pet's food)			
Daily Medications, Vitamins or Treats			
Name of Tick/Flea Products Used			
Name of Heartworm Prevention Used			
Known Allergies			
Medical History (Prior Illness/Surgery):			

I understand every effort will be made by Englewood Veterinary Center to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on this form and additional pets I present. Furthermore, I agree to pay for services rendered at the time the services rendered.

Signature: _____ Date: _____