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.

Email address: Would you like e-mail reminders? Yes / N Name of previous/current veterinarian/hospital: How did you hear about our hospital? Please circle. Friend: Internet Newspaper Po 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 To help prevent the spread of infectious disease, ALL hospitalized animals must be current on 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 Microchip? Y - N Y - N Y - N Microchip? Y - N Y - N Y - N Microchip? Y - N Y - N Y - N Microchip? Y - N Y - N Y - N Mame 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 for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for perform surgery upon the pet(s) listed on this form and additional pets presents. Furthermore, I agree to pay for	r's Name: ss: Phone: oyer:	
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