

ENGLEWOOD VETERINARY CENTER

___ Info Input
Correctly
___ Welcome Letter
Emailed

New Patient / Client Information

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: _____	Emails help us sending you reminders and lab results

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 the receptionist.

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)			
Is there children or pregnant women?			
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: _____