



Mr/Ms/Dr Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ E-Mail Address _____

Preferred method of contact for reminders: (please circle) E-Mail / Postal Mail

How did you hear about us? _____

Emergency/Alternative Contact- Last Name: _____ First Name: _____

Mobile Phone: _____ Relationship: _____

Pets Name: _____ Species: _____ Breed: _____

Color/Description: _____ Sex: _____ (please circle): Spayed / Neutered

Birthdate/Age: _____ Length of Time Owned: _____

Are there any other pets in the house? If so, please specify how many & what type: _____

Previous Veterinary Hospital: _____

Special Instructions/Behavior/Health Concerns/Allergies: _____

Payment Options: (please circle) Cash / Visa / MasterCard / Discover / Debit Card / Care Credit / AmEx

I hereby authorize Animal Care of Oradell to render surgical and/or medical care for my pet(s). I understand that payment is due in full at time services are rendered & a deposit is required before surgery or certain treatment is initiated. Unpaid balances accrue finance charges of 18% annually.

Signature of Owner/Guardian: _____ Date: _____

I will allow the hospital to take pictures/videos of my pet(s) to possibly use on their social media websites (Facebook, Google+, etc.)

Signature of Owner/Guardian: _____ Date: _____