NEW CLIENT FORM

DATE: / /

All Creatures Great and Small
ANIMAL HOSPITAL
7 SHERWOOD LN, FAIRFIELD, NJ, 07004

OWNER INFORMATION

Name:

Phone Number: ☐ Cell ☐ Home

Home Address:

City: State: Zip Code:

E-Mail:

Spouse/Partner Name:

Phone Number: ☐ Cell ☐ Home

How did you hear about us? ☐ Referral ☐ Website ☐ Social Media ☐ Other:

If referred, please let us know by who:

PET INFORMATION

Name: Birthday: / /

☐ Dog ☐ Cat ☐ Bird ☐ Rabbit ☐ Guinea Pig ☐ Reptile ☐ Other:_____

Breed: Color: ☐ Male ☐ Neutred ☐ Female ☐ Spayed

Please list the current food you are feeding:

How much are you feeding: How often are you feeding:

Please list any additional pets at home:

Pet Name	Type (Dog, Cat, etc.)	Breed	Age	Male/Female	Neutered/Spayed

PREVIOUS HISTORY

Previous Vet: ☐ N/A

Phone Number:

Address:

Do you have any previous medical records? ☐ No ☐ Yes ☐ Contact the previous vet for records

TODAYS VISIT

Reason for visit:

Additional concerns or health conditions:

CONSENT & AGREEMENT

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above pet. I assume all financial responsibility for all charges incurred in the care for this animal. I understand that my balance is due at the time service. We accept Cash, Check, most Major Credit/Debit Cards, Care Credit, and Scratch Pay. We request the courtesy of 24 hours' notice for cancellation of an appointment. Appointments are booked in 20-minute increments. If you will be more then 10 minutes late, we will reschedule your appointment.

Client Signature: _____

E-Mail: info@acgasvet.com Website: www.acgasvet.com