



7 Sherwood Lane
Fairfield, N.J. 07004

NEW CLIENT FORM

Welcome to our hospital! We are glad to have the opportunity to care for your pet.

***Please fill out this form completely and email this back to us prior to your appointment.**

First Name _____ Last Name _____

Spouse/Other Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Primary/Secondary (Please circle)

Cell _____ Primary/Secondary (Please circle)

E-mail _____ (for pet reminders, communication & promotions)

Referral (Please circle) Internet Search / Drove By / Facebook / Recommendation / Word of Mouth

If referred, who can we thank? _____

Pet Name _____ Species _____ Breed _____

Color _____ Age / Birthday _____ Male Neutered Female Spayed

Please list any new symptoms/problems that your pet is here for today:

Please list your pet's past or recurring health problems and any current medications:

Please list the food(s) you are currently feeding: _____

How much are you feeding: _____ How many times a day: _____

Please email any previous medical history to us prior to your pet's appointment.

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above pet. I assume responsibility for all charges incurred in the care of this animal and I understand that my balance is due at the time of release.

Signature _____ Date _____