

Garden State Animal Hospital
Client Information Form



Date: _____

Owner Information:

Owner Last Name: _____ Owner First Name: _____

Co-Owner Last Name: _____ Co-Owner First Name: _____

Address/City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Authorized Representative of Owner (if owner will not be present for appointment):

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Pet Information:

Pet's Name: _____ Species (*feline or canine*): _____

Breed: _____ Date of Birth / Approx. Age: _____

Sex (*male/female*): _____ Neutered/Spayed?: _____ Color: _____

Allergies / Pre-Existing Conditions: _____

Do you have Pet Insurance? _____ If so, which company? _____

Previous Veterinary Facility Name: _____ Phone: _____

How did you hear about us? Friends/Family: _____ Internet: _____ Postal Mailings: _____ Other: _____

Consent and Authorization:

I hereby represent I am over the age of 18 and authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal, I also understand that these charges will be paid when the services are rendered and that a deposit may be required for treatment.

I authorize GSAH to send my pets vaccine history and/or full patient records to my pet boarding facility, pet groomer, referral hospital, specialist, or animal emergency facility.

Acknowledgment and Agreement:

Signature: _____ Date: _____

Print Name: _____ CSR Initials: _____