



Patient and Client Information

Ocean County Veterinary Hospital, P.A.

*Thank you for giving Ocean County Veterinary Hospital the opportunity to care for the pets you love!
So that we may become better acquainted, please take a moment to complete the following:*

Today's Date _____ Appt. Date _____

Patient Information

Pet's Name: _____ MALE FEMALE Neutered: YES NO NOT SURE

Species: DOG CAT BIRD FERRET REPTILE OTHER Breed: _____

Approx. Date of Birth: _____ Color: _____

Previous Veterinary Care By: _____

Please tell us the reason for your visit today: _____

Is this pet covered by Veterinary Pet Insurance? YES NO Do you need a claim form today? YES NO

How did you first hear of us? INTERNET SIGN YELLOW PAGES REFERRAL NEWSPAPER OTHER _____

If referred to us by a client, who may we thank? _____

Owner Information

**Email Address: _____

Owner Name: _____

Owner Employer: _____ City _____ State _____

Owner Mailing Address _____ Street Address (if different than mailing address) _____

City _____ State _____ Zip Code _____

Phone Numbers:	Owner	Spouse/Other
Home	()	()
Work	()	()
Cell	()	()
Other	()	()

Emergency Contact Name: _____ Phone Number: () _____

***Please provide us with your Email address and receive your pet's examination reminders and notices of special OCVH events or announcements on your computer. You can also request prescription refills and appointments, ask non-urgent questions, get copies of your pet's health records and update your pet's information through Pet Portal at www.ocvh.com. We respect your privacy and will not share your Email address with third parties.*

Please turn over and complete Consent



Informed Consent

I certify that I am over 18 years of age and will assume responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED OR BOARDED PET. If full payment is not made as required, Ocean County Veterinary Hospital has my permission to obtain credit information from an authorized agency to assess my credit worthiness and/or to aid in collection.

Owner/Responsible Party: _____ Date: _____

Email Address: _____

Social Security # _____

Driver's License # _____ State _____ Expires _____

How will you be paying for veterinary services today?

- CASH CHECK VISA MASTERCARD AMERICAN EXPRESS
 DISCOVER DEBIT CARECREDIT

Office Use Only
DL Copied? Yes No

Reviewed by OCVH Staff: _____