



OWNER AND PATIENT INFORMATION

<input type="checkbox"/> New Client <input type="checkbox"/> New Patient		Location: <input type="checkbox"/> OCVH <input type="checkbox"/> FVH <input type="checkbox"/> NPVH <input type="checkbox"/> BVH	
Today's date:		Client Number:	
PATIENT INFORMATION (please give any of pets prior records to the receptionist)			
Pets Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Approximate Date of Birth:	Color:	Breed:	
Previous Veterinarian:			
Please tell us the reason for your visit today:			
Is this pet covered by Pet Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Insurance Provider:			
How did you first hear of us: <input type="checkbox"/> Internet <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Referral <input type="checkbox"/> Other _____			
If referred to us by a client, who may we credit for this referral?			
OWNER OR AUTHORIZED AGENT INFORMATION			
Owner Name:			
Address:			
City:	State:	Zip:	
E-mail:			
Home Phone # :		Cell Phone # :	
Work Phone # :		Other:	
Emergency Contact Name:		Emergency Contact Number:	
How will you be paying for your veterinary services today?			
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Care Credit <input type="checkbox"/> iCare			
<u>INFORMED CONSENT</u>			

I certify that I am 18 years of age or older and that I am legally financially responsible for the treatment received at Ocean County Veterinary, Fischer Veterinary, New Prospect Veterinary Hospitals and Bridge Veterinary Hospital. I 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.

Signature: _____ Date: _____

Reviewed _____

OCVH, FVH, NPVH & BVH Thank you for giving us the opportunity to care for the pets you love!