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!

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

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

Owner Name:_____

Address:_____

_____

City State Zip Code

Email: _____

Phone Numbers	Owner	Spouse/Other
Home		
Cell		
Work		

Emergency Contact Name:_____ Phone Number: _____

How will you be paying for veterinary services today?

○ CASH ○ CHECK ○ DEBIT ○ VISA ○ MASTERCARD ○ AMERICAN EXPRESS ○ DISCOVER ○ CARE CREDIT

Informed Consent

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