

## Greenwood Lake Animal Hospital Client Registration Form

Client Full Name:

Spouse/Other:

Street Address:

Town, State, ZIP:

Home Phone:

Bus. Phone:

Cell #1:

Cell #2:

Email:

Referred By:

Drivers License #:

SSN:

Previous Veterinarian:

	PET 1	PET 2	PET 3
NAME			
BREED			
SPECIES			
COLOR			
NEUTERED/SPAYED			
MICROCHIP/TATOO			
DATE of BIRTH			

VACCINE	DATE GIVEN	DATE GIVEN	DATE GIVEN
RABIES			
DISTEMPER			
BORDETELLA (K9)			
LYME (K9)			
HEARTWORM TEST			
LEUKEMIA (FEL)			

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and the deposit may be required for surgical and or medical treatment.

I certify that I am more than 18 years of age.

Signature of Owner or Authorized Agent: \_\_\_\_\_ DATE: \_\_\_\_\_

METHOD of PAYMENT:            CASH            CHECK            MC/VISA            DISCOVER

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