



## CLIENT AND PATIENT INFORMATION

Location:

OCVH FVH NPVH BVH

Today's Date:

Client Number:

### PATIENT INFORMATION

(please give any of pets prior records to the receptionist)

Pets Name:

Male  
 Female

Neutered:

Yes No Not Sure

Approximate Date of Birth:

Color:

Breed:

Previous Veterinarian(s):

Please tell us the reason for your visit today:

IS this pet insured? No Yes Insurance Provider: Pet Plan Trupanion Other \_\_\_\_\_

Other pets in your household?

### OWNER INFORMATION

Owner Name:

Address:  
Zip:

City:

State:

E-mail:

Home Phone # :

Cell Phone # :

How did you first hear of us:

Internet/Online Hospital Sign Word of Mouth Referral Groomer

Event \_\_\_\_\_ Another Veterinarian \_\_\_\_\_

If referred to us by a specific client, who do we reward for this referral? \_\_\_\_\_

### INFORMED CONSENT

I certify that I am 18 years of age and older and that I am legally and financially responsible for the treatment received at Ocean County Veterinary Group. 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.

How will you be paying for your veterinary services today? Cash Check Credit Care Credit iCare

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed \_\_\_\_\_