

# Welcome to Cape May Veterinary Hospital

## OWNER'S INFORMATION

Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Owner's Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ (For billing purposes only)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell  House  Alternate Phone: \_\_\_\_\_ Cell  House

Spouse/Other: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell  House

E-Mail Address: \_\_\_\_\_ (Will only be used for hospital related correspondence and medical reminders)

Employer & Phone: \_\_\_\_\_

Any other individual authorized to make decisions about this pet: \_\_\_\_\_

How did you hear about our hospital?  Internet  Yellow Pages  Individual  Other \_\_\_\_\_

## PET'S INFORMATION

Pet's Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB or Age: \_\_\_\_\_

Gender:  FEMALE  FEMALE SPAYED  MALE  MALE NEUTERED  UNKNOWN

To your knowledge, is your pet current on vaccines? \_\_\_\_\_

To your knowledge, has your pet ever had a vaccine reaction? \_\_\_\_\_

Does your pet have any behavior issues we should be aware of? \_\_\_\_\_

Does your pet have a microchip?  Yes  No  Not sure

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that payment must be rendered at time of service and that a deposit may be required for surgical treatment. I also release Cape May Veterinary Hospital of all liability in the event of an injury, bite, fall, or any other circumstance while I/my family members am/are visiting the hospital. I understand Cape May Veterinary Hospital may refuse service for any reason.

As a form of payment, we accept:

VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, CASH, CARE CREDIT, CHECKS, AND MOBILE PAY APPS

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_