



TENAFLY ANIMAL HOSPITAL

Advanced Medicine, Compassionate Care

WWW.NJVET.COM

CLIENT REGISTRATION

please print

Your Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Home #: _____ Cell #: _____ Work #: _____

Emergency Contact Name & Number: _____

Social Number: _____ - _____ - _____ Driver's License #: _____

How did you hear about us? Sign Internet Referred (By Whom?) _____ Other _____

Would you like to receive reminders, lab results, appointment confirmations, and/or occasional newsletters regarding your pet?

E-mail address: _____

Permission to post your pet on the internet?

PET INFORMATION REGISTRATION

Pet Name	Date of Birth	Age	Gender	Species Dog / Cat	Breed	Color
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered			
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered			

Are your pet/s up to date on their rabies vaccine?

Previous Veterinarian _____ Last Rabies Vaccine _____

AUTHORIZATION AND PAYMENT POLICY

I hereby authorize the veterinarian to examine, prescribe or treat the above described pet. I assume full responsibility for all charges incurred in the care of this animal. **I also understand that these charges must be paid in full at the time of release** and minimum deposit of 80% is required should my pet need to be admitted into the hospital for treatment or surgical procedure in order to provide the best care. **Payments are expected when services are rendered, we DO NOT BILL.** Any balance remaining on the account over 30 days will result in a monthly service charge of \$10.00 minimum or 1.75% service fee of the unpaid balance, whichever is greater, will be added to the outstanding balance. The service fee is not intended to be an interest charge, but reimbursement for servicing the account. A \$35.00 returned check fee will be applied for any check returned unpaid. If you fail to pay any sum due and this matter is placed with a collection agency, or an attorney for collections, you shall be obligated and agree to pay for all costs and expenses incurred (including a collection fee, plus all attorney's fees, court costs and other expenses through judgment and post-judgment), which shall be payable whether or not an action or proceeding is commenced or prosecuted to judgment. By signing bellow I hereby state that I am the owner or authorized agent of the above described animal. I have read the above terms and conditions and agree to adhere to this agreement.

Method of payment: Cash Debit Visa MasterCard Discover American Express CARECREDIT

NO CHECKS PLEASE

Name (*please print*): _____ Signature: _____

Today's Date: _____