



CLIENT INFORMATION

We appreciate you taking the time to answer the following questions so that we may provide the best possible care for your pet. Please let us know if you have any questions.

DATE: _____

Owner Name _____ Co Owner Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone (____) _____ Secondary Phone (____) _____

Fax Number (____) _____ E-Mail Address _____

Emergency Contact _____ Emergency Contact Phone (____) _____

How did you hear about Bergen County Veterinary Center _____

How many pets do you have: Dogs __ Cats ____ Other (please specify) _____

PATIENT INFORMATION

Pets Name (#1) _____ Dog Cat Other

Breed _____ Color _____ Age/Birthday _____

Male Neutered Female Spayed

Vaccination History (Date and Office of last vaccinations) _____

Is he/she on any current medications and /or supplements (please list): _____

Any major previous illnesses or injuries? _____

Pets Name (#2) _____ Dog Cat Other

Breed _____ Color _____ Age/Birthday _____

Male Neutered Female Spayed

Vaccination History (Date and Office of last vaccinations) _____

Is he/she on any current medications and /or supplements (please list): _____

Any major previous illnesses or injuries? _____

Authorization

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

Signature of Owner or Co-Owner _____ Date _____