



CLIENT REGISTRATION

PLEASE PRINT

MR. MRS. MS. DR.

OWNER'S Last Name: _____ First Name: _____

SPOUSE'S Last Name: _____ First Name: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cell: _____ Emergency: _____

E-Mail Address: _____

EMPLOYER: _____ Phone: _____

Address: _____

Driver's License # _____ State: _____ Social Security # _____

Pet Insurance Company _____ Policy # _____

AUTHORIZED REPRESENTATIVE OF THE OWNER

(If owner not present)

Last Name: _____ First Name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cell: _____ Emergency: _____

EMPLOYER: _____ Phone: _____

Address: _____

Driver's License # _____ State: _____ Social Security # _____

PET INFORMATION

PET'S NAME: _____ BREED: _____

Dog Cat Male Female NEUTERED: Yes No ACCOUNT # _____

If other than a dog or cat, list TYPE OF ANIMAL: _____

COLOR: _____ WEIGHT: _____ DATE OF BIRTH: _____

REFERRAL INFORMATION

Name of Your Veterinarian and/or Facility: _____

Address and/or Phone No. *(If known)*: _____

CONSENT AND AUTHORIZATION

I hereby represent that I am over the age of 18 and 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 these charges will be paid when the services are rendered and that a deposit may be required for treatment.

SERVICE CHARGE

In the case of non-payment, I hereby promise to pay an additional fee of 1.5% per month of the outstanding balance on the account together with any collection costs, plus 25% attorney fees, incurred to affect collection of this account. In the case of a returned check, I acknowledge that there will be a fee of \$35 imposed by and payable to GSVS.



Signature of owner or authorized agent

Date

Garden State Veterinary Specialists

One Pine Street • Tinton Falls, New Jersey 07753 • Tel: 732-922-0011 • Fax 732-922-0991

www.gsvs.org • www.felinehyperthyroidism.com