

Client Registration

PLEASE PRINT CLEARLY



Owner Information

MR. MRS. MS. DR. Last Name: _____ First Name: _____
 MR. MRS. MS. DR. Last Name: _____ First Name: _____
Address: _____ Apt #: _____ City: _____ State: _____ ZIP: _____
Telephone/Home: _____ Cell: _____ Emergency: _____
E-Mail Address: _____ (used only for patient communications - not for solicitation)
Employer: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Driver's License #: _____ State: _____ Social Security #: _____
Pet Insurance Company: _____ Policy #: _____

Authorized Agent if Owner NOT Present

Last Name: _____ First Name: _____
Address: _____ Apt #: _____ City: _____ State: _____ ZIP: _____
Telephone/Home: _____ Cell: _____ Emergency: _____
Employer: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Driver's License #: _____ State: _____ Social Security #: _____

Patient Information

Patient Name: _____ Breed: _____ Color: _____ Weight: _____
 Dog Cat Male Female Neutered: Yes No Date of Birth: _____
If other than a dog or cat, list type of animal: _____

Referral Information

Name of Pet's Veterinarian and/or Hospital: _____
Address and/or Phone No. (If known): _____

Please initial below, next to your choice:

_____ I hereby authorize release of my pet's medical records to my veterinarian listed above.
_____ I do NOT authorize release of my pet's medical records to my veterinarian.
_____ I authorize release of my pet's medical records to _____

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 will be required for treatment. Due to the nature of medical services, I understand that once a service is performed, the fee for that service is non-refundable.

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. 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 Services

643 Route 27 | Iselin, New Jersey 08830 | Tel: 732-283-3535 | Fax: 732-283-4357

www.gsvs.org