



Welcome Form

Please tell us the name of your previous veterinarian: _____

Please tell us how you learned about our clinic: _____

Pet Owner's Information:

Last Name: _____ First Name: _____

Day Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Additional Contact Information:

Spouse Significant Other: Family Member: _____

Last Name: _____ First Name: _____

Day Phone Number: _____ Cell Phone Number: _____

Pet's Information:

Name: _____ Breed: _____

Color: _____ D.O.B.: ___/___/___ or approximate age _____

Species: Feline Canine Other _____

Gender: Male Neutered Male Female Spayed Female

We accept cash, American Express, MasterCard, Visa, and Discover. For your convenience, we have partnered with Care Credit and Scratchpay for all billing services. **Please note: payment is required at the time of services rendered.** To prevent the spread of infectious diseases, all boarders, grooms, and hospitalized pets MUST be current on their rabies, distemper, bordetella vaccines and have had a negative fecal test in the past year. A signature below authorizes this level of preventative care and your responsibility for payment of appropriate charges. I grant to Shore Haven Veterinary Hospital, its representatives and employees the right to take photographs of pet, and to copyright, use and publish the same in print and/or electronically. I agree that Shore Haven Veterinary Hospital may use such photographs of my pet with, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Signature: _____ Date: _____