



# SOMERS POINT VETERINARY HOSPITAL



NAME \_\_\_\_\_ SPOUSE/SIGNIFICANT OTHER \_\_\_\_\_  
(If more than one owner, choose one for the files)

S/S# \_\_\_\_\_ DL # \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE/PAGER \_\_\_\_\_ OTHER # \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_

DOG _____ CAT _____ OTHER _____	
MALE _____ NEUTERED? _____ FEMALE _____ SPAYED? _____	
PETS NAME _____	
BREED _____ COLOR/MARKINGS _____	
DATE OF BIRTH _____ (If unknown, please estimate) <small>(Month, Year)</small>	
<p style="text-align: center;"><b>DOG</b></p> <p><u>Date of Last</u> Distemper _____ Rabies _____ Heartworm Test _____ Result _____ Kennel Cough Vaccine _____ Lyme _____ Type of Heartworm Preventative _____</p>	<p style="text-align: center;"><b>CAT</b></p> <p><u>Date of Last</u> Distemper _____ Rabies _____ Leukemia Vaccine _____ FIV Vaccine _____ FIV/ Leukemia Test _____ Results _____</p>

Name of Previous Veterinarian \_\_\_\_\_

Address / Phone \_\_\_\_\_

Please describe any health problems your pet has had \_\_\_\_\_

Any known reactions or allergies to medications? \_\_\_\_\_

What are we seeing your pet for today? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Can we thank someone? \_\_\_\_\_

I understand that the science of veterinary medicine is not exact, nor is the outcome of any treatment guaranteed.  
 I agree to pay all costs incurred in the treatment of my pet.  
 I understand that all unpaid balances are subject to interest charges (18% APR) and billing fees \$3.00 per month.  
 I understand that all costs incurred in the collection of delinquent bills (Lawyer's fees, collection service, etc.) will be charged to my account.

Signature \_\_\_\_\_ Date \_\_\_\_\_