Medford Animal Hospital and Wellness Clinic   New Client Information Form

45 Jackson Road, Medford, NJ 08055 (609) 654-6855

Welcome to Medford Animal Hospital! Our staff is dedicated to optimum patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Date:_____

Name:_____ Spouse's Name:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Spouse's Cell Phone:_____

Email Address:_____ Spouse's Email Address:_____

Primary Phone Contact: ☐ Home ☐ Cell ☐ Work ☐Spouse's Cell ☐ Spouse's Work

Secondary Phone Contact: ☐Home ☐Cell ☐Work ☐ Spouse's Cell ☐ Spouse's Work

Tertiary Phone Contact: ☐ Home ☐Cell ☐ Work ☐ Spouse's Cell ☐ Spouse's Work

Other than Phone (above), do we have permission to contact you via: ☐ Text ☐ Email

How did you choose our practice: ☐ Google ☐ Facebook ☐ Sign ☐ Phone Book ☐ Friend ☐ Other_____

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Dog or Cat			
Breed/Color			
Date of Birth			
Sex: (circle) Spayed/Neutered: (circle)	Female Male Spayed Neuter	Female Male Spayed Neutered	Female Male Spayed Neutered
Microchip Number			
List any symptoms: Behavior, bleeding gums, breathing, coughing, diarrhea, gagging, appetite, limping, scooting, scratching, thirst/urination, vomiting, weakness, other			
Last Heartworm Prevention			
Previous Veterinarian Information Name Hospital Phone			

Any previous illnesses or surgeries?_____

_____

Any allergies to vaccinations or medications?_____

_____

Is your pet(s) on any special diet or medications?_____

_____

Do your grant us permission to use photos of your pet(s) for marketing purposes (e.g. website, facebook, etc)? ☐ Yes   ☐ No

Payment due at time of service. We accept: Cash, Checks, Visa, Mastercard, Amex, Discover, and Care Credit.

MEDFORD
Animal Hospital
& Wellness Clinic