

CLARK ANIMAL HOSPITAL

1075 Westfield Avenue, Rahway, New Jersey, 07065, USA

Phone (732) 388-3379 Fax (732) 388-5321

www.ClarkVet.com

NEW CLIENT REGISTRATION

Legal Owner's Name: _____ **S.S. #** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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

Email Address: _____

Preferred Communication: ☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ Email ☐ SMS/Text Message

Primary Owner's Drivers License #: _____ **Exp. Date:** _____

(A copy of your driver's license will also be taken for our records)

Other Legal Owner / Representative / Emergency Contact: _____

(This person will be authorized to speak with doctors regarding your pet & make medical & financial decisions on your behalf)

Relation to Primary Owner: _____ *(Spouse, Significant Other, Parent, or Specify Other)*

Email Address: _____ **Phone** _____

How did you learn of our clinic? Phone Book / Sign / Pet Store / Website / Facebook /
Previous pets / Recommendation by: _____ / Other: _____

PET INFORMATION

Pet's Name: _____ ☐ Cat ☐ Dog ☐ other _____

Breed: _____ **Color:** _____ **Birthday/Age:** _____

Sex: ☐ Female ☐ Male **Has your pet been neutered/spayed:** ☐ yes ☐ no **Microchip Number:** _____

Do you have other pets?: ☐ yes ☐ no **Pet Lives:** Indoors / Outdoors / Both **Pet's Diet:** _____

Do you have pet insurance? ☐ yes ☐ no **Pet Insurance Company Name:** _____

Previous Veterinarian Name & Phone #: _____

Known Medical conditions (if any): _____

I, the undersigned owner, agent of the owner of, certify that I am 18 years of age or older. If I am under the age of 18, I certify and state that I have taken due permission from my parents or legal guardians to carry out the advised treatments and incur the expense there of. I hereby authorize Clark Animal Hospital 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 in full at the time services are rendered, at time of drop-offs, and that billing is not available.

Signature of Primary Owner/Lawful Agent _____ **Date:** _____

Method of payment: ☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ CareCredit

RELEASE FORM

Treatment

I hereby authorize you, the doctors of Clark Animal Hospital, to examine, prescribe for, treat or operate upon

I have read the foregoing and agree.

Signature of Primary Owner/Lawful Agent _____ Date: _____

Boarding and Hospital Stay

All reasonable precautions will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that I assume all risks.

When boarding my pet I understand that any problem that develops with my pet will be treated as deemed best by the veterinarians and staff. All charges are to be paid before the pet is released. If the pet is not picked up within five days after the written notice, the animal will be considered abandoned and may be disposed / destroyed (euthanized) according to New Jersey law. It is understood that this does not relieve me from paying for all costs of your services and use of your hospital including the cost of boarding and/or disposal.

I have read the foregoing and agree.

Signature of Primary Owner/Lawful Agent _____ Date: _____

Release of Medical Information

Vaccine information may be released by Clark Animal Hospital to boarding facilities, adoption agencies, other animal hospitals, city health departments (pet license), and or a police department at the owner's request. No personal information or other medical history will be given out to anyone but the owner or lawful representative. If you anticipate that you may need the vaccination history or medical history for the above mentioned agencies, please get a copy from this hospital well in advance. We are unable to fax records to above mentioned agencies just on your phone call alone because it is not possible to identify you over the phone.

I have read the foregoing and agree.

Signature of Primary Owner/Lawful Agent _____ Date: _____

CLARK ANIMAL HOSPITAL

1075 Westfield Avenue, Rahway, New Jersey, 07065, USA

Phone (732) 388-3379 Fax (732) 388-5321

www.ClarkVet.com

Thank you for choosing Clark Animal Hospital for the health care of your beloved pet. We are able to provide appropriate and excellent health care to your pet. The following factors will influence what kind of medical and surgical treatments can be made available to your pet, irrespective of what we want or can do for your pet based on his/her needs.

Your value system. Some people consider their pets as family members. For others they are beloved pets that should be cared for in every possible way. Whatever your value system, our values are clear: Evolutionary speaking, all animals are distant relatives of the human race, and hence they deserve our love, respect and care. Some people consider their pet animals 'just a dog', or 'just a cat' and treat them as if they do not deserve even one chance at diagnostics and possible treatments. We do not establish a client-patient-veterinarian relation with such people, and reserve the right to sever such relation if it did exist in the past.

Your relationship with your pet. If you have a loving and rewarding relationship with your pet, then we are on the same page and you can help us help your pet in very meaningful ways and we can help you achieve your goals.

Disease conditions. We are happy to report that the majority of our sick patients are restored to health within a few days, and the few who do not get better are referred to specialists where advanced 24/7 care can be provided. Some pets that have chronic diseases may need lifelong medicines.

Your resources. Since your pets depend upon you for their health care, you will have to arrange financial resources to get your pet treated. We can help to get you financing from a third party billing company called CareCredit who may issue you a credit line based on your credit rating.

Follow up. Even if you think that your pet seems better after the initial visit, you need to make follow up appointment(s) so we may render a professional opinion on whether your pet needs any more continuing medications or procedures. Good owners take the responsibility to follow up with us (they call us, bring back their pet ASAP) so that the proper treatments can be carried out to their logical end. If you want an optimum outcome for **your pet**, compliance with our recommendations is essential **and we are here to help.**

Euthanasia: Even if you think your pet is dying, you need to establish it by doing some basic diagnostic tests before you may even talk about euthanasia. Many sick animals may look like they are dying but may have a good prognosis.

Guarantees. In both human and animal health care, no guarantees are ever implied or given. No amount of money spent can assure a successful diagnosis or treatment. With your participation, we will do our level best as experienced and licensed veterinarians to restore your beloved pet to optimum health, and to reduce your pet's suffering.

I the undersigned have read the above, agree and understand it in its entirety.

Signature of Primary Owner/Lawful Agent _____ Date: _____