



# NEW CLIENT FORM

*Thank you for giving All Fur Paws Animal Hospital the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:*

## CLIENT INFORMATION

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Co-Owner's Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best number to contact you at: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Co-Owner's Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Co-Owner's Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_ (For All Fur Paws News Letter and Pet Portal)

How did you become aware of our office? \_\_\_\_\_

I hereby consent to the use of any images of my pet, taken by All Fur Paws, to be used for social media purposes.

Please Initial

Yes

No

### Payment and Fees:

- Full payment is required on the day services are rendered. We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor.
- If you have questions regarding fees or payment, ask the doctor or receptionist before any treatment is given.
- Before your pet is admitted for hospitalization, we may ask for a deposit; the full balance will be due when you pick your pet up.
- We accept Cash, Debit, MasterCard, Visa, Discover, American Express, Care Credit and Personal Checks (with valid NJ driver's license-address much match check). We do not accept third party checks.
- Returned checks: First fee is \$15, second is \$25 and checks will no longer be accepted.
- As per state and general safety guidelines, all medications are non-returnable. This policy protects pets from receiving medications that have been tampered with or improperly stored.
- **There will be a \$59.00 charge for not giving the office at least 24-hour notice of inability to keep an appointment.**

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED AND I AGREE TO PAY THE BALANCE IN FULL. IF NOT PAID IN FULL, I AGREE TO PAY ALL COSTS ASSOCIATED WITH COLLECTION.**

X