



Hackettstown Animal Hospital
 14 US Highway 46
 Hackettstown, NJ 07840

Welcome to our Hospital!

New Client Information Form

Client/Owner Information

Owner Name: _____ Spouse/Second Owner Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: (____) _____ Business Phone: (____) _____ Home Phone: (____) _____
 e-mail: _____ Employer Phone: _____ Social Sec # _____
 Emergency Contact: _____ Phone: (____) _____

New Patient Information (Pet #1)

Name: _____ Species: dog cat other _____ Breed: _____
 Gender: Male Female Spayed/Neutered: yes no DOB or Present Age: _____
 Color: _____ Microchip#: _____
 Where did you obtain your pet? _____ Previous Veterinarian Name: _____
 Is your pet up to date on:
 Dog: Rabies Distemper Lyme 4DX/Heartworm Test
 Cat: Rabies Distemper FeLV

New Pet Information (Pet #2)

Name: _____ Species: dog cat other _____ Breed: _____
 Gender: Male Female Spayed/Neutered: yes no DOB or Present Age: _____
 Color: _____ Microchip#: _____
 Where did you obtain your pet? _____ Previous Veterinarian Name: _____
 Is your pet up to date on:
 Dog: Rabies Distemper Lyme 4DX/Heartworm Test
 Cat: Rabies Distemper FeLV

Are you interested in learning more about pet insurance? **Y N**

It is expected that payment will be made at the time that services are rendered.
 A deposit may be required for hospitalized cases.

We accept Cash, Check, Visa, Mastercard, Discover, AMEX, and Care Credit.