



Campus Village Plaza
540 Route 10 West, Randolph, NJ, 07869
Phone : (973) 328 - 2844
Fax : (973) 328 - 8553

Chart #: _____

Owner Information

First: _____ Last: _____ Date: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

How Did You Hear About Us? Internet Website Phone Book Vet Referral Internet Other

Patient Information

Patient: _____ Age: ____ Species: Dog Cat Other: _____

Male Neutered OR Female Spayed Breed: _____ Colors/Markings: _____

Has your pet been here before? Yes No Is your pet primarily? Indoors Only Outdoors Only Both

	Type of Vaccine	Last Date Received		Type of Vaccine	Last Date Received
C A N I N E	Parvo/Distemper		F E L I N E	FVRCP	
	Rabies 1 Year			Rabies 1 Year	
	Rabies 3 Year			Rabies 3 Year	
	Bordatella			FIP Test & Vaccination	
	Lyme			Felv Test & Vaccination	
	Lepto			FIV Test & Vaccination	

Any reactions to vaccinations or medications: _____

Is your pet presently on any medication? No Yes, Type/Dosage: _____

Is your pet presently on Heartworm Preventative? No Yes, Type/Dosage: _____

Does your pet have any pre-existing medical problems: No Yes, _____

Do you have a past veterinarian: No Yes, Dr. _____ at _____

Is your pet aggressive: No Yes, To what or whom? _____

Other information we should know about your pet (medical problems, fears, behavior problems, etc.)

Authorization for examination, treatment, and assumption of financial responsibility: Please be advised that payment is due in full when your animal is discharged from the hospital. I, the undersigned, do authorize the veterinarian(s) and the veterinary technicians at Alliance Emergency Veterinary Clinic to examine the animal specifically described above, and to administer any emergency medical and/or surgical treatment which is considered therapeutically and/or diagnostically necessary based on the findings during the course of the initial examination. I understand that I will be given an estimate of the cost of services to be rendered, either verbally or in writing, and that I must leave a deposit of at least seventy-five percent (75%) of that estimate at the time of admission of the above described and identified animal. The balance of the bill will be due before discharge of the above described and identified animal. In the event this note shall be in default, and placed with an attorney for collection, then the undersigned agrees to pay all reasonable attorney fees and costs of collection. Payments made within five (5) days of due date shall be subject to a late charge of five percent (5%) of said payment. All payments hereunder shall be made to such address as may from time to time be designated by any holder hereof. I do hereby assume this financial responsibility for all charges incurred for services rendered to the patient. Furthermore, I consent to the release of medical information pertaining to the above described and identified patient and am fully aware that failure to claim or make arrangements to claim this animal shall be considered abandonment. The animal may then be disposed of at the discretion of Alliance Emergency Veterinary Clinic.

Signature of Owner or Responsible Agent

Witness (Alliance Emergency Veterinary Clinic Employee Only)

