



ENGLISH CREEK VETERINARY CLINIC

3085 English Creek Ave, Egg Harbor
Township, NJ 08234 US

609-645-2120

Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill out the form completely. Thank you.

Registration

Owner _____ Driver's License _____ Driver's Lic. Exp Date _____
Address _____ City _____ St _____ Zip _____
Spouse/Other _____ Driver's License _____
Home Phone _____ Cell _____ Work _____
Email Address _____
Emergency Contact Name _____ Phone Number _____
How did you here about us? _____ Referred by _____
Can we share you pet's pictures on Facebook? _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist, tech or doctor.

Professional fees are due at the time services are rendered.

Method of Payment: _____ Cash _____ Check _____ Visa _____ Master Card _____ Discover Card _____ Care Credit

Pet Health History

Name of Pet _____ Dog _____ Cat _____ Other _____
Breed _____ Color _____ Date of Birth _____
Sex: _____ Male _____ Neutered _____ Female _____ Spayed
Vaccination History (Date and type of vaccination) _____
Pet's current medications: _____
Describe your pet's diet: _____
Are you interested in Holistic Medicine? () yes () no () maybe

Example: Chiropractic, Acupuncture, Herbal Therapy

Authorization

I hereby authorize the veterinarian 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 at the time of release and that a deposit may be required for surgical and / or hospitalization.

Signature of Owner or agent _____ Date _____