

**All Paws Veterinary Clinic**  
3 Central Ave. Mays Landing, NJ 08330  
Phone 609-625-7001 Fax 609-625-7003

**WELCOME**

Thank you for giving us the opportunity to care for your pet.  
If you would like an estimate of charges, please do not hesitate to ask.

Please Print

**OWNER INFORMATION:**

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Is This a Cell Number: Yes ( ) No ( )                      Is This a Cell Number: Yes ( ) No ( )

Spouse's Name \_\_\_\_\_ Spouse's Cell \_\_\_\_\_

Owners E-mail address: \_\_\_\_\_

**PET INFORMATION:**

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Color \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone# \_\_\_\_\_

\*Persons authorized to request treatment and information:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

**OTHER PETS:**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Patient of All Paws? \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Patient of All Paws? \_\_\_\_\_

Why did you choose All Paws Veterinary Clinic?

Other pets are patients of All Paws \_\_\_\_\_ Friend of staff member \_\_\_\_\_

Recommended by a client \_\_\_\_\_ Name \_\_\_\_\_

Advertisement \_\_\_\_\_ Other \_\_\_\_\_

**PAYMENT IS DUE IN FULL AT THE TIME OF SERVICE-WE DO NOT BILL**

We accept all major credit cards, Care Credit, cash & checks (with a valid NJ driver's license)

There will be a \$25.00 service charge for returned checks. If you are unable to pay today, we will be happy to reschedule your appointment. If you like to apply for Care Credit, please ask the receptionist for the information.

Should the need arise, I the undersigned, give my permission for All Paws Veterinary Clinic to release my pet's vaccine and medical records to boarding kennels, grooming facilities, pet sitters, and other veterinary hospitals and clinics.

Owner's Signature: \_\_\_\_\_