

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: _____