



Cresskill Animal Hospital

Tell Us About Yourself						
Last Name:		First Name:		Middle:		
Street Address:						
City:		State:		Zip:		
Home Phone Number:			Cell Phone Number:			
E-Mail Address:						
Tell Us about your Pet(s)						
Pet's Name	Species (K9/Feline/Avian/Exotic)	Breed	Date of Birth	Sex	Spayed/Neutered	Color
How Did You Hear About Us?						
Yellow Pages/Internet/Signage/Advertisement/Other:						
Our Clients and Staff love to refer their friends and families to us.						
If you were referred to us, please let us know who we can thank! _____						

We will gladly provide a written estimate of service fees, please ask.

A service fee of 1.5% per month (18% APR) will be added to any balance owed for greater than 30 days (prior approval required for unpaid invoices). In the event that your account is unpaid for a period of 90 days, the full balance including interest and collection fees will be submitted to our collection agency.

By signing this form, I state that I am over the age of 18; that I am the owner of this pet or acting as an agent for the owner; that I assume full financial responsibility for goods/services rendered.

We accept Cash, Check, Visa, Master Card, Discover, and American Express
~ALL FEES ARE DUE WHEN SERVICES ARE RENDERED~

Signature: _____

Date: _____

Cresskill Animal Hospital utilizes social media as a way to feature stories about the work we do in our practice, including photos. We would like permission to use photos taken of your pet(s). Please select one of the following:

_____ I ***grant*** permission to Cresskill Animal Hospital to use my first name and my pet's name and photos on our website and social media sites

_____ I ***decline*** permission for Cresskill Animal Hospital to use my name and my pet's name and photos on our website and social media sites

Signature: _____

Date: _____