



# Flemington Veterinary Hospital

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Welcome to Flemington Veterinary Hospital  
Thank you for giving us the opportunity to care for your pet. We will support your pet's needs today and in the future. Please take a moment to share some important information.

## New Patient Information

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

Owner: \_\_\_\_\_  
*Owner above is responsible for pet and must be 18 years old.*

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Patient's Name (Pet): \_\_\_\_\_

Patient's Breed: \_\_\_\_\_

Patient's Date of Birth/Age: \_\_\_\_\_ Color: \_\_\_\_\_

Patient's Sex (M/F): \_\_\_\_\_ Spayed/Neutered (Y/N): \_\_\_\_\_

To prevent the spread of infectious diseases, all hospitalized and overnight pets must be current on all vaccinations and free from internal and external parasites.

**Financial Policy:** Payment is due at time services are rendered. We accept cash, personal checks, Visa, MasterCard, American Express, and Traveler's checks.

Signature: \_\_\_\_\_

*By signing above, you are confirming that the above information is correct and that you will abide by the above stated financial policy.*