

Vogel Veterinary Care Center

At the MCSPCA
260 Wall St.
Eatontown, NJ 07724
732-542-3125

New Client/Patient Form and Consent for Treatment

Client First Name: _____ Client Last Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

RESCUE ORGANIZATION (501C3) if applicable: _____

Pet Name: _____ Circle One: **CAT** **DOG** **OTHER** Breed: _____ Color: _____
Age or DOB: _____ Sex: _____ Neutered/Spayed YES NO Microchipped YES NO

- I, the undersigned owner or agent of owner, am responsible for seeking veterinary care for the pet listed above. I certify that I am least 18 years of age.
- I consent to physical examination of this animal by the veterinary staff of the Vogel Veterinary Center.
- I agree that, after consultation with me and presentation of estimates for treatment, the veterinarians may prescribe medication, treat, hospitalize, sedate, anesthetize, and perform surgery on my pet.
- I understand that I am encouraged to ask questions and raise concerns before any treatments and services are provided.
- Should unexpected lifesaving care become necessary for my pet, and the veterinary team is unable to reach me, the veterinary team has my permission to provide such treatment, and I agree to pay for such care.
- I understand that estimated fees for care will be provided to me and that I am encouraged to discuss any questions or concerns as it relates to fees before services are performed.
- I agree to assume financial responsibility for the fees and will provide payment via cash or credit card at the time services are rendered.

I have read and understand the terms and conditions set forth above.

Signature of Owner or Agent: _____ **Date:** _____

Thank you for giving us the opportunity to care for your pet!

How did you hear about us?

- Weekly Vaccine Clinic
- Word of Mouth
- Internet Search
- Phone Inquiry

***I agree to allow Vogel Vet to utilize my pet's medical record, treatment, and outcomes to help improve outcomes of other animals in the future. I understand that my personal client information will not be shared, including but not limited to my name, street address, and phone number.

Initials: Accept _____ Decline _____