



1010 Falkenberg Road
Brick, NJ 08724
732 892 2220
Admin@NAEVS.net

CLIENT REGISTRATION FORM

Owner Information

Last Name: _____ First Name: _____
Address: _____ Apt #: _____
City: _____ State: _____ ZIP: _____
Telephone/Home: _____ Cell: _____
E-Mail Address: _____ SMS text alerts **Y / N**

Used only for patient communications - not for solicitation. *Standard message and data rates may apply.

Authorized Agent if Owner NOT Present

Last Name: _____ First Name: _____
Telephone: _____

Patient Information

Patient Name: _____ Species: _____
Color: _____ Sex: _____ Date of Birth/Age: _____
Spayed/Neutered **Y / N** Date: _____ Pet Insurance Company: _____
Referring Veterinarian: _____
How did you hear about us? _____

Consent and Authorization I hereby represent that I am over the age of 18 and authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid when the services are rendered and that a deposit will be required for treatment. Due to the nature of medical services, I understand that once a service is performed, the fee for that service is non-refundable.

Signature of owner or authorized agent

Date

PET PHOTO CONSENT

I hereby grant Nautilus Avian & Exotics Veterinary Specialists permission to use any photographs taken of my pet, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become your property and will not be returned. I hereby authorize to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing your programs or for any other lawful purpose.

Pet's printed name

Owner/Agent Signature

Date