



Hackettstown Animal Hospital
14 US Highway 46
Hackettstown, NJ 07840

Welcome to our Hospital!

New Client Information Form

Client/Owner Information

Owner Name: _____ Spouse/Second Owner Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: (____) _____ Business Phone: (____) _____ Home Phone: (____) _____
e-mail: _____ **DOB:** _____ **Social Sec #** _____
Emergency Contact: _____ Phone: (____) _____

New Patient Information (Pet #1)

Name: _____ Species: dog cat other _____ Breed: _____
Gender: Male Female Spayed/Neutered: yes no DOB or Present Age: _____
Color: _____ Microchip#: _____
Where did you obtain your pet? _____ Previous Veterinarian Name: _____

New Pet Information (Pet #2)

Name: _____ Species: dog cat other _____ Breed: _____
Gender: Male Female Spayed/Neutered: yes no DOB or Present Age: _____
Color: _____ Microchip#: _____
Where did you obtain your pet? _____ Previous Veterinarian Name: _____

Download our PetDesk app to keep track of your pets medical information, request appointments or medications, and earn points that convert to dollars for every purchase you make at our hospital.

It is expected that payment will be made at the time that services are rendered.
A deposit may be required for hospitalized cases.

We accept Cash, Check, Visa, Mastercard, Discover, AMEX, and Care Credit.