YOUR PET
YEAR ANNIVERSARY
GRAY FOX ANIMAL HOSPITAL

Celebrating 40 Years of Compassionate Care

Date:_____

New Client Registration Form

Last Name _____ First Name _____

Co-Owner _____

Address _____

City _____

State _____ Zip Code _____

Home Phone # _____ Cell #:_____

Email:_____

Emergency Contact: _____ Phone #: _____

Pets Name: _____

Date of Birth/Age:_____ Breed:_____

Color:_____ Circle one: **Male** or **Female** | Circle one: **Neutered** or **Spayed**

What is the reason for your visit?

_____

_____

_____

_____

- Please bring all veterinary records to your visit. Including Vaccine history and Rabies Certificates.
- We recommend having a Stool sample tested for intestinal Parasites yearly, Please bring a fresh stool sample (produced within 24 hours of your appointment) to your visit.
- We currently accept VISA, MASTERCARD, DISCOVER, CARE CREDIT AND CASH for payment.
- We do not accept personal checks for new clients.
- We do not bill. Please be prepared to pay in full at the time of your appointment.
- We charge for missed appointments. Please call in advance of your appointment time if you need to cancel.

(856) 848-7070 | 207 Glassboro Rd, Woodbury Heights, NJ 08097

Lee Spector, VMD Bernadette Spector, VMD