

# Roaring Brook Veterinary Hospital

60 Lovely Street Canton, CT 06019

Phone: (860)693-0214

www.roaringbrookpet.com

## **PATIENT AND CLIENT INFORMATION SHEET**

*Thank you for giving **Roaring Brook Veterinary Hospital** the opportunity to care for your pet.*

*So that we may become better acquainted, please complete the following:*

OWNER'S NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SPOUSE'S PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

WHERE IS THE BEST PLACE TO REACH YOU, AND TIME? \_\_\_\_\_

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

\_\_\_\_ Yellow Pages    \_\_\_\_ Hospital Sign    \_\_\_\_ Location    \_\_\_\_ Internet  
\_\_\_\_ Advertising    \_\_\_\_ Roaring Brook Kennels    \_\_\_\_ Other \_\_\_\_\_

Personal Recommendation - Who May We Thank? \_\_\_\_\_

Name of Previous vet Hospital or Veterinarian (Please include city and state if not local)  
\_\_\_\_\_

What prior illness or surgery should we know about? \_\_\_\_\_

Does your pet have any known allergies? \_\_\_\_\_

**ALL FEES ARE DUE UPON RELEASE OF THE PATIENT** (Please indicate your choice of payment)

\_\_\_\_ **CASH**

\_\_\_\_ **MC/VISA/DISCOVER**

\_\_\_\_ **CHECK**

The undersigned agreed to pay finance charges of 1.5% per month (18% APR) plus billing fees, collection fees, court costs, and reasonable attorney fees on any unpaid balance.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Continue on back)

**PET INFORMATION**

**PET #1**

**PET#2**

**Name:** \_\_\_\_\_

**Species (dog/cat):** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Altered:** \_\_\_\_\_

Do you have Pet Health Insurance for any of your pets? \_\_\_\_\_

Is your pet up to date on the following? If yes please give approximate dates:

**PET #1**

**PET#2**

**CATS**

**CATS**

**CATS**

Rabies: \_\_\_\_\_

Feline Distemper (FVRCP) \_\_\_\_\_

Feline Leukemia/AIDS Test \_\_\_\_\_

Feline Leukemia Vaccine \_\_\_\_\_

Fecal Check or Worming \_\_\_\_\_

Dentistry \_\_\_\_\_

**DOGS**

**DOGS**

**DOGS**

Rabies \_\_\_\_\_

Canine Distemper (DHPP) \_\_\_\_\_

Lyme Vaccine \_\_\_\_\_

Lepto Vaccine \_\_\_\_\_

Kennel Cough \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Heartworm Preventative Meds \_\_\_\_\_

Fecal Check or Worming \_\_\_\_\_

Does your pet have a microchip or tattoo for identification? \_\_\_\_\_ # \_\_\_\_\_

What brand of food are you currently feeding? \_\_\_\_\_ Amount per day \_\_\_\_\_

***Again thank you for giving us the opportunity to serve you!***