



Welcome to our Hospital! So we can better serve you, please fill out the following:

### Contact Information

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Let's stay in touch! Please select your preferred method of contact:

Phone call

Text Message

Email

We love to share! Does Roaring Brook Veterinary Hospital have permission to post your pet's picture on social media?

Yes

No, thank you

### How did you become aware of Roaring Brook Veterinary Hospital?

Personal Recommendation – Who may we thank? \_\_\_\_\_

Previous Veterinarian – Who may we thank? \_\_\_\_\_

Advertisement – Where did you see it? \_\_\_\_\_

Website or Social Media – Please specify where: \_\_\_\_\_

Roaring Brook Kennels

Hospital Sign

### Payment Information

All fees are due at time of service, or upon release of the patient. The undersigned agrees to pay finance charges of 1.5% per month (18% APR) plus billing fees, collection fees, court costs, and attorney fees on any unpaid balance.

Please select your preferred payment method:

(We accept Visa, Mastercard, Discover, American Express, and Care Credit)

Cash

Debit/Credit Card

Check

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

