

# ROARING BROOK VETERINARY HOSPITAL

60 Lovely Street Canton, CT 06019

(860) 693-0214

## 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:*

NAME OWNER(s): \_\_\_\_\_ SPOUSE: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SPOUSES 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       Previous Client  
 Advertising       Roaring Brook Kennels       Other \_\_\_\_\_

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

Name of previous vet clinic or veterinarian (please include city/state if not local):  
\_\_\_\_\_

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

Is your pet currently on a special diet or medication? \_\_\_\_\_

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 (driver's license and social security number required)**

**DL #** \_\_\_\_\_ **EXP. Date** \_\_\_\_\_ **SS#** \_\_\_\_\_

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(FDVURI) \_\_\_\_\_  
Feline Leukemia/AIDS Test \_\_\_\_\_  
Feline Leukemia Vaccine \_\_\_\_\_  
FIP \_\_\_\_\_  
Fecal Check or Worming \_\_\_\_\_  
Dentistry \_\_\_\_\_

**DOGS**

**DOGS**

**DOGS**

Rabies \_\_\_\_\_  
Canine Distemper (DHLPPCV) \_\_\_\_\_  
Lyme Test \_\_\_\_\_  
Lyme Vaccine \_\_\_\_\_  
Kennel Cough \_\_\_\_\_  
Heartworm Test \_\_\_\_\_  
Heartworm Preventative Meds \_\_\_\_\_  
Fecal Check or Worming \_\_\_\_\_  
Dentistry \_\_\_\_\_

Is your pet on flea control?   \_\_\_Proban   \_\_\_Program   \_\_\_Advantage   \_\_\_Collar  
                                  \_\_\_Spray    \_\_\_Revolution

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

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

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