



## Stoney Brook Veterinary Hospital

88 Riverside Drive

Lebanon, NH 03766

603-448-4448

[www.stoneybrookvets.com](http://www.stoneybrookvets.com)

### New Client Patient Information Form

(We do not share, sell, lend or divulge this information to any third parties other than as required)

#### PET-OWNER INFORMATION:

Primary Contact: Ms. Mrs. Mr. Dr. First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Second Contact: Ms. Mrs. Mr. Dr. First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Primary Contact Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*\*Being able to reach pet-owners quickly is important and often difficult; please provide the following contact information\*\***

What is the **best number** where we could reach you quickly? \_\_\_\_\_

Cell? Home? Work? Who? \_\_\_\_\_

What is second best number? \_\_\_\_\_

Cell? Home? Work? Who? \_\_\_\_\_

What is a third best number? \_\_\_\_\_

Cell? Home? Work? Who? \_\_\_\_\_

**Email** (Please print clearly):

\_\_\_\_\_ @ \_\_\_\_\_

We do not market any products by email; we may send reminders by email or important info related to health, hospital staff changes, etc.)

I found out about your hospital from:

Friend/client  \_\_\_\_\_ Another Vet  Dr. \_\_\_\_\_

Website  Yellow Pages  Drove By  Other  \_\_\_\_\_

#### PATIENT INFORMATION:

Name: \_\_\_\_\_ Feline  Canine

Other  \_\_\_\_\_

Breed: \_\_\_\_\_ Feline  Canine

Spayed/Neutered?

Date of Birth is known: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Estimated as: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Unknown

Patient Color & Markings:

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Does your pet have a microchip? Yes  No  Do you know the number? \_\_\_\_\_

Does your pet have any special training, certifications or accomplishments?

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Do you have Pet Health Insurance? **YES NO**

Do you anticipate any foreign travel with your pet? **YES NO**

**FINANCIAL POLICY SUMMARY:** We do not bill for services. Payment is due in full at the time that services are performed. We cannot release hospitalized pets from the hospital, or release medications dispensed until the final bill for hospitalization or the current patient visit has been paid. We accept CASH, PERSONAL CHECKS, and CREDIT CARDS. There is a \$30 fee on returned checks. We promote the use of pet health insurances and can help in the filing of your claims. Any information that we collect is private and for our use only. We do not extend credit. All open invoices are sent to collection after 30 days.

I would like for the Hospital to keep the following credit card information on file to use as needed in the care of my pet. (Other than being convenient, this is useful when your pet is presented by a dog-walker, pet-sitter, or alternate care-giver.)

VISA M/C AMEX#: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

3-digit Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

**I have read, understand and agree to the Financial Policy. I authorize the use of my credit card if I have completed that information:**

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