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Web: www.snhvrh.com

Client and Patient Information

Owner _____ Spouse/Partner _____

Address _____ City _____ State _____ Zip _____

Preferred Phone _____ Work Phone _____

E-mail: _____ Alternative Phone _____

How did you hear about us? (Circle One) Facebook Website Veterinarian Google Friend/Relative Other

D.O.B. of Owner: _____

Preferred Pharmacy: _____ Phone: _____

Street Name: _____ City: _____

Primary Veterinarian:

Dr. _____ Practice: _____

Patient:

Pet's Name: _____ Birthdate (approx.) _____

Breed: _____ Sex: (Circle One) Male / Neutered Female / Spayed

Color: _____ Species: Canine or Feline

Up to date on Rabies Vaccine? (Yes) (No)

Do you have pet insurance? (Yes) (No) If yes, provider name: _____

May we use your pet's photos, case reports and clinical information for use on our website or social media platforms? (Yes) (No)

List any major clinical complaints/health concerns that you, as an owner, notice with your pet:

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment. I also understand that out-of state checks or third party credit cards are not accepted. I am responsible for interest and collection fees on an unpaid balance. I am 18 years of age or older.

Please allow 24 hours notice to cancel or reschedule any appointment(s).

Owner Signature _____ Date _____

Owner Printed Name _____