
SALMON BROOK VETERINARY HOSPITAL

136 SALMON BROOK STREET

GRANBY, CONNECTICUT 06035

TELEPHONE (860) 653-7238

CLIENT INFORMATION

Thank you for giving Salmon Brook Veterinary Hospital the opportunity to care for your pet. In order to better serve you, please fill out the following information as completely as possible.

Client's Name: Dr., Mr., Mrs., Ms. _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Employer _____ Work Phone _____ Cell Phone _____

Spouse's Employer _____ Work Phone _____ Cell Phone _____

Preferred method of contact: Home phone Cell phone Text Email Mail _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please indicate your choice of payment method: Cash Check Visa/MasterCard Discover Amex Care Credit

How did you become aware of our hospital? Drove by Referral Internet Mail YellowPages Other _____

Who may we thank? _____

PET

Pet's Name _____ Date of Birth _____ Color _____

Species (check): Dog Cat Equine other Breed _____

Sex (check): Male Neutered Male Female Spayed Female Unknown

PET

Pet's Name _____ Date of Birth _____ Color _____

Species (check): Dog Cat Equine other Breed _____

Sex (check): Male Neutered Male Female Spayed Female Unknown

PET

Pet's Name _____ Date of Birth _____ Color _____

Species (check): Dog Cat Equine other Breed _____

Sex (check): Male Neutered Male Female Spayed Female Unknown

Previous medical records may be obtained from: _____

Has your cat been tested for leukemia? No Yes date/result _____

Previous surgery (procedure/approximate date) _____

Previous medical problems (problem/outcome) _____

Is your pet currently on any medication? If so, what? _____

Any known allergies or drug reaction? _____

Describe your pet's normal diet _____

Are there any other pets in your household? _____

CONSENT FORM

I hereby consent and authorize the Salmon Brook Veterinary Hospital to receive, board, prescribe for, treat and operate upon my pet(s). If my pet is hospitalized or boarded and a medical emergency arises, every reasonable effort by hospital personnel will be made to contact the owner before any treatment is performed. Should the owner be unavailable, the hospital is hereby authorized to perform any medical treatment it deems necessary for the well being of my pet, taking into consideration its overall health and age. The owner may state in advance what limitations, if any, the owner wishes to place upon this authorization. Every possible precaution will be taken, but the owner and/or the undersigned assume all risks with regard to restraint, anesthesia, surgery, care of pet, etc.

All fees must be paid before the pet is removed from the hospital unless other arrangements have been made.

I certify that my dog(s) has (have) a current license(s) from the town in which I reside, and if found not to be current, I accept full liability for any fines imposed upon Salmon Brook Veterinary Hospital in the event of an inspection by the state or town animal control officer.

This consent form may be used for any future treatment, etc., of my pet(s).

I have read this consent form and agree to its terms.

If not the owner, please state the authorization upon which you are signing this consent form.

Date