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Client and Patient Information Emergency Service

| | | |
|--------------------------|--------------|-------------------------|
| Reason for Visit? | Date: | Time of Arrival: |
|--------------------------|--------------|-------------------------|

Owner / Agent:

Your name: _____ Title: Mr. Mrs. Ms. Dr.
 Address: _____ City: _____ State: _____ Zip: _____
 Your Email: _____ Spouse Name: _____
 *(Please know that we do NOT give out emails, ever. Your email will allow us to provide you copies of your pet's record.)
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Regular Veterinarian: _____

How did you hear about us: _____

Patient:

Pet's Name: _____ Birthdate (or approx.): _____
 Species _____ Breed: _____ Weight: _____ lbs.
 Color: _____ Sex: Male Neutered Female Spayed
 Number of Pets in Household: Dogs: _____ Cats: _____ Other (list): _____
 Your Pet is: Indoor Only Indoor/Outdoor Outdoor Only: Loose Leashed Fenced
 Your pet's normal diet is: _____ Time of last meal: _____
 Current Medications/Supplements: _____

List any clinical symptoms that you notice with your pet and for how long: _____

Existing Known Medical Conditions: _____

I give permission for the doctors and staff of the VECC to evaluate and initiate emergency treatment if necessary. 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. If paying by check, I agree to provide additional information below.

Owner/Agent Signature: _____ Date: _____
 Owner/Agent Printed Name: _____ Social Security #: _____
 Driver's License #: _____ State: _____ Expiration Date: _____
 License Holders Date of Birth: _____ Place of Employment: _____

[Office Use: (initial) Emailed _____ Faxed _____ Scanned _____ Attachments _____]