



328 route 46 Rockaway NJ, 07866
Phone: (973) 627-0789 Fax: (973) 627-7196
Website: www.rockawayah.com

Owner's Name : _____ Co Owner Name : _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Circle one : cell, home , work

Secondary Phone Number : _____ Circle one : cell, home , work

Do you want to receive text message alerts and communication ? YES or NO

Email Address: _____

Are you active in the military, police, firefighter , clergy or retired ? _____
(must provide ID)

How did you hear about us ? _____

Patient's Information

Please circle : Dog Cat Other: _____

Pet's Name : _____ Date of birth or approximate age: _____

Breed: _____ Color: _____ Sex: _____

Has your pet been spayed and neutered ? YES or NO

Has your pet had an adverse reaction to medications or previously given vaccines? YES or NO

If yes, which medication or vaccines and what happened ? _____

Does your pet have insurance? YES or NO Policy Number and Name _____

**Please note our software is only integrated with Trupanion and therefore only submit their claims **



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Guarantor Form

As the owner/ co owner of my pet (s) account I understand and acknowledge that full payment is due at the time of service, pick up ,drop off or purchase of products for my pets accounts _____
(initial)

As the owner/ co owner of my pet (s) account I understand and acknowledge that Rockaway Animal Hospital doesn't offer in-house payment options, if I am in need of a payment solution I should use Icare, Care Credit or Scratchpay _____ (initial)

As the owner/co owner of my pet (s) account I understand and acknowledge that estimates are only provided if requested and it is my responsibility to ask for a written estimate prior to my pet (s) exam if needed _____ (initial)

As the owner/co owner of my pet (s) account I understand and acknowledge that I am responsible to submit my pet (s) insurance claim(s) and pay upfront for the visit regardless if claim is approved or denied _____ (initial)

Print Name : _____ Signature: _____ Date : _____