



328 route 46 Rockaway NJ, 07866  
Phone: (973) 627-0789 Fax: (973) 627-7196  
Website: [www.rockawayah.com](http://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 : \_\_\_\_\_