

**Two Rivers Animal Hospital**  
**457 River Road**  
**Fair Haven, NJ 07704**  
[www.tworiversanimalhospital.com](http://www.tworiversanimalhospital.com)

Owner Information (Must be age 18 & over)

\*all information is confidential

Date: \_\_\_\_\_

Full Name: (First, Last) \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary Contact? ( )

Cell Phone \_\_\_\_\_ Primary Contact? ( )

Work Phone \_\_\_\_\_ Primary Contact? ( )

Please select your preferred method of communication:

Text ( )      Phone # ( )      E-mail\* ( ) \_\_\_\_\_

\* Your e-mail address will not be sold.

How did you find our hospital? Website ( ) Referral ( ) Sign ( )

Whom May We Thank? \_\_\_\_\_

I have reviewed the information on this questionnaire, and it is accurate to the best of my knowledge. I understand that prior to treatment, a full explanation of the procedure(s) involved will be given by the veterinarian and/or staff in the care of my animals(s). I agree to pay for all services rendered by this office. I also understand that should my account become delinquent, my information may be released to a third party collection agency to assist with collecting fees associated with treatment rendered in this office. We will not use your information for marketing communications without your written authorization. I consent to the use of periodic appointment reminder phone calls, voice mail messages, e-mail or text messages, if applicable.

Signature \_\_\_\_\_ Date \_\_\_\_\_