



Welcome to Trooper Veterinary Hospital!

New Client and Patient Form & Medical Records

In preparation for your upcoming appointment, please complete the attached form entirely and return it to us via fax 610-539-4851 or e-mail info@troopervet.com at least 24 hours prior to your appointment.

In order to best determine your pet's needs, it is important for us to have all previous medical records. **Please make sure to have the records faxed to 610-539-4851 or e-mailed to info@troopervet.com at least 24 hours prior to your pet's appointment.**

Address & Directions

Our address is 7 North Park Avenue, Norristown, PA 19403. We are located at the corner of Route 363 (North Park Avenue) and Ridge Pike (West Main Street) right behind the Walgreens. **WE ARE NOT on Trooper Road. Please note: Traffic can be extremely heavy around our hospital during normal rush hours.**

If you are unfamiliar with where we are located, please visit our website <http://www.troopervet.com/directions> to find an interactive map.

Please plan to arrive 15 minutes early for your first appointment

Reminder List for Appointment

- Return completed New Client & Patient Form to Trooper Veterinary Hospital 24 hours ahead. Call us if you are unable to do this and we can take your information over the phone.
- Pet's previous medical records provided 24 hours in advance of your appointment or provide the information we need to get it for you.
- Fecal Sample (for 1st puppy/kitten visit and for annual checkup)
- Bring any medications your pet is on (if applicable)
- Write down the name of the food you are feeding (or take a picture with your phone)
- Directions to Trooper Veterinary Hospital

Misc. Hospital Information

- For your convenience, we have separate entrances for our cat and dog patients
- Please have your pet under proper restraint when entering or leaving the hospital
- Please make sure to check-in at the front desk when you arrive
- Please follow all Covid safety measures as noted on our entrance doors.
- Dog elimination area is located across the parking lot from the hospital.

Trooper Veterinary Hospital is a healing environment. Our team is working in harmony to provide exceptional care. We will do our best to provide the best possible animal care and customer service, even while sometimes facing staffing shortages. We have zero tolerance for disrespectful, aggressive or demeaning language or behavior and will not provide services in these situations.

We look forward to meeting you and your pet and developing a long lasting professional relationship!

Please don't hesitate to contact us if you have ANY questions.

NEW CLIENT & PATIENT INFORMATION SHEET ***Please complete entire form ***

OWNER INFORMATION

OWNER'S FULL NAME _____

SPOUSE / CO-OWNER'S FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

1st Phone & First Name _____ Cell-Home-Work?

2nd Phone & First Name _____ Cell-Home-Work?

3rd Phone & First Name _____ Cell-Home-Work?

E-mail (1 per account) _____
(WE USE YOUR E-MAIL TO SEND APPOINTMENT & HEALTH REMINDERS AND OTHER IMPORTANT NEWS. WE DO NOT SHARE YOUR E-MAIL)
 Declines Giving E-mail Does Not Have E-mail

Pictures of your pet may be taken for your pet's medical records. You may consent to allow Trooper Veterinary Hospital to use pictures outside of your pet's medical records.

IMAGE CONSENT (optional)

I agree to allow Trooper Veterinary Hospital to share my pet(s), myself or my family images, as instructed, on Trooper Veterinary Hospital's social medial platforms (Facebook, Instragram).

PET INFORMATION

PET NAME _____ DOG _____ CAT _____ OTHER-SPECIFY _____

BREED _____ COLORS / MARKINGS _____

FEMALE _____ SPAYED FEMALE _____ MALE _____ NEUTERED MALE _____ UNKNOWN _____

DATE OF BIRTH or ESTIMATED AGE _____ IS YOUR PET MICROCHIPPED? Yes / No / Unknown

PREVIOUS OR CURRENT VETERINARY HOSPITAL(S): _____

PHONE # _____

ANY KNOWN MEDICAL CONDITIONS? _____

CURRENT MEDICATIONS _____

PLEASE LET US KNOW IF YOU HAVE PET INSURANCE – WE CAN SUBMIT CLAIMS FOR YOU!

Please let us know how you first heard about Trooper Veterinary Hospital. **PLEASE CHOOSE ONE:**

SIGN OR DRIVE BY _____ INTERNET / WEBSITE / FACEBOOK _____ AAHA _____

TROOPER VET EMPLOYEE? _____ VET REFERRAL _____

ONE OF OUR CLIENTS? _____ OTHER _____

Payment in full is required at time of service. We cannot bill you or carry balances. We accept all major credit cards and Care Credit (www.CareCredit.com). You will be responsible for missed appointment fees. . A deposit is required for hospitalization, surgery, procedures, diagnostics, lodging, first visits and rescheduled appointments.

Signature: _____

Date: _____