



**Delaporte Veterinary Hospital
New Client Information**

(Please print)

Owner Information:

Today's Date: _____

Title: Mr. Mrs. Ms. Dr. Name: _____ Spouse: _____

Mailing Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone(s): _____

Physical Address (if different from mailing): _____

Employer: _____ Occupation: _____

Work Phone: _____ ext. _____ Would you like to receive reminders via e-mail? _____

E- Mail Address: _____

Who/what referred you to Delaporte Veterinary Hospital? _____

We require a minimum of 24 hours notice when canceling your appointment. We reserve the right to charge \$25 for cancelled or no show appointments without 24 hours prior notice.

All payments must be made at the time of service:

Method preferred: Cash Debit Card MC Visa American Express Discover (Circle one)

*****We do NOT accept checks*****

I, _____, understand the cancellation policy and that payment is required when services are rendered:

_____ (please sign)

Pet Information:

Name: _____ Date of Birth: _____ Age: _____

Sex: (Circle one) Male Female Spayed or Neutered? (Circle one) YES NO Dog: _____ Cat: _____ Other: _____

Breed: _____ Color: _____ Markings: _____

Date of last vaccines: _____

Other Information:

Are your pets currently on heartworm prevention? YES NO

Surgical Procedures or Severe Injuries in the past: _____

***** All animals MUST have all immunizations within the past year, and be free of internal and external parasites, before being admitted to the hospital!**