

# DEER PARK ANIMAL HOSPITAL

## New Client Information Sheet

Thank you for giving us the opportunity to care for your pet. Please print this sheet, complete it and bring it to the hospital at the time of your pet's appointment.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Owners name \_\_\_\_\_ Spouse \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Spouse work phone( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

How did you hear about the Deer Park Animal Hospital?

Personal Recommendation – Whom may we thank? \_\_\_\_\_

Yellow pages or other directory? \_\_\_\_\_ Sign? \_\_\_\_\_ Internet? \_\_\_\_\_

Veterinarian referral? \_\_\_\_\_ Other? (please note) \_\_\_\_\_

### Patient Information: (One form per pet, please)

Pet's name \_\_\_\_\_ Date of birth or approximate age \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Other (specify) \_\_\_ Sex (M/F) \_\_\_ Spayed or neutered(Y/N) \_\_\_\_\_

Color \_\_\_\_\_ Microchip # (if applicable) \_\_\_\_\_

Previous vaccines and Dates :

Dogs: Rabies \_\_\_\_\_ DA2PCP \_\_\_\_\_ Lepto \_\_\_\_\_ Bordatella \_\_\_\_\_ Lyme \_\_\_\_\_  
Heartworm tested \_\_\_\_\_ Other \_\_\_\_\_

Cats: Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ Leukemia \_\_\_\_\_ FIV \_\_\_\_\_ Other \_\_\_\_\_  
Feline leukemia tested \_\_\_\_\_ FIV tested \_\_\_\_\_

Significant Medical Information about your pet, including medications, special diets, allergies, etc

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All fees are due when services are rendered. A deposit is required on all hospitalized pets and the balance is due when your pet is released from the hospital. We do not have a billing system due to the high cost involved in maintaining our hospital's standard of care. You must be over 18 years of age to authorize treatment. Please indicate your choice of payment. To pay by check, we ask that you have a driver's license. We also participate in Care Credit. Thank you.

Preferred method of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_