



**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!**