

# Welcome to Deshon Animal Hospital

We are pleased to welcome you to our practice. Please fill this form out completely. If you have questions we'll be glad to help you. We look forward to working with you in maintaining and enhancing your pet's health.

## Client Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ COUNTY \_\_\_\_\_  
**\*\*Driver's License State and Number:** \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Spouse/co-owner \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ (PLEASE PRINT)

## Pet Information

Pet's Name \_\_\_\_\_  Dog  Cat Sex  M  F Breed \_\_\_\_\_  
Age/Birth date \_\_\_\_\_ Neutered/spayed  Yes  No At what age? \_\_\_\_\_  
Color \_\_\_\_\_ IS YOUR PET ALLERGIC TO VACCINES?? YES \_\_\_\_\_ NO \_\_\_\_\_  
Where did you obtain this pet? \_\_\_\_\_ At what age? \_\_\_\_\_  
Has your pet had any previous vaccines?? \_\_\_\_\_ : If so, how long ago?) \_\_\_\_\_  
List Medications your pets \_\_\_\_\_  
Prior Illness \_\_\_\_\_ Prior Surgery \_\_\_\_\_  
Reason for today's visit \_\_\_\_\_

## Payment and policies

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards and care credit.

To prevent the spread of infectious disease, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes the level of preventive care and the appropriate charges that will be assessed in the discharge invoice.

Signature of responsible party \_\_\_\_\_ Date \_\_\_\_\_