



Welcome to Delhomme Animal Clinic. We are glad you are here!
Please fill this form out so we can get to know you & your pet better

Owner: _____

Address _____ city _____ zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Driver's License: _____

Co- Owner: _____ Cell Phone: _____ Work Phone: _____

How did you hear about Delhomme Animal Clinic? _____

Please choose your preferred method of communication: **Email** **Phone Call** **Text**

Pet Health History

Name: _____ Age: _____

Sex (circle one): **Male/Female** Spayed/Neutered (circle one): **Y/N**

Breed: _____ Color: _____

Does your pet have any pre-existing conditions? (If yes, please explain): _____

Is your pet currently on any medications? (If yes, please list): _____

Does your pet have previous records with another veterinarian? (circle one): **Y/N**

If yes, where?: _____ May we call for those records?(circle one): **Y/N**

Authorization

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. There will be a Statement Handling Fee of 1.5% added each month to any statement unpaid after 30 days.

Signature: _____ Date: _____