



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**

\_\_\_\_ I grant Delhomme Animal Clinic permission to post my pet's picture, story and medical information on social media.

### **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: \_\_\_\_\_