

**DELAWARE VALLEY VETERINARY HOSPITAL**  
**New Client Information**

**Please Print**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
\_\_\_\_\_

Home Ph # \_\_\_\_\_ Work Ph # \_\_\_\_\_ Cell Ph #  
\_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License #  
\_\_\_\_\_

Employer's Name, Address, Phone #  
\_\_\_\_\_

Spouse's Employer Name, Address, Ph#  
\_\_\_\_\_

In Case of EMERGENCY, Name \_\_\_\_\_ Phone #  
\_\_\_\_\_

How did you become aware of our hospital: \_\_\_Hospital sign \_\_\_Yellow Pages \_\_\_Vet  
Locator \_\_\_Internet

\_\_\_Other, specify  
\_\_\_\_\_

\_\_\_Someone we may thank  
\_\_\_\_\_

**Pet Information (1):**

Name \_\_\_\_\_ Age/Birthdate \_\_\_\_\_ Breed  
\_\_\_\_\_

Color \_\_\_\_\_ Sex: \_\_\_Male \_\_\_Female

Neutered: \_\_\_Yes \_\_\_No

Is your pet up to date on vaccinations? \_\_\_Yes \_\_\_No If yes, last vaccine date:  
\_\_\_\_\_

Chronic Problems/Illness'  
\_\_\_\_\_

Is your pet currently receiving any medication? \_\_\_Yes \_\_\_No If yes, name  
\_\_\_\_\_

Does your pet have any known drug allergy?  Yes  No If yes, name

**Pet Information (2):**

Name \_\_\_\_\_ Age/Birthdate \_\_\_\_\_ Breed

Color \_\_\_\_\_ Sex:  Male  Female

Neutered:  Yes  No

Is your pet up to date on vaccinations?  Yes  No If yes, last vaccine date:

Chronic Problems/Illness'

Is your pet currently receiving any medication?  Yes  No If yes, name

Does your pet have any known drug allergy?  Yes  No If yes, name

Name of Previous/Current Veterinarian:

**\*\*ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES.\*\***

**\*\*DELAWARE VALLEY VETERINARY HOSPITAL DOES NOT DO BILLING!\*\***

Preferred method of payment:  Cash  Check  Credit Card  Debit Card  
 Care Credit

**\*\*If other terms of payment are necessary, you must first speak with the Office Manager prior to your appointment\*\***

**DELAWARE VALLEY VETERINARY HOSPITAL**  
**New Client Information**  
**Financial Policy Acknowledgement**

**Thank you for giving us this opportunity to care for your pet. Please take a few moments to review our Financial Policy and sign below:**

1. **We do not extend credit or have payment plans. Please understand that payment in full is due at time services are rendered.** For major procedures, we may require a deposit of up to as much as 100% of the anticipated charges.

2. Payment options include cash, personal check, credit card (Mastercard, Visa, Discover, and American Express). Any returned check will be charged the maximum fee permitted by law. We also offer Care Credit, a private healthcare payment option offered by an independent credit

provider. Please ask one of our receptionists for more details about applying for Care Credit.

3. If you intend to use any form of pet insurance, you understand that you are responsible for paying the bill in-full at time services are rendered. Other than completing standard paperwork, Delaware Valley Veterinary Hospital will not be responsible in any way for seeking reimbursement on your behalf from your insurance carrier.

4. *Our Exam/Office Visit charge is for a physical examination of your pet and consultation with the doctor only.* Vaccinations and/or other professional services or testing, including but not limited to fecal exams, blood and urine testing, gram stains, radiographs, and testing for heartworm and other parasites will result in separate, additional charges. Additionally, any medications or food dispensed or treatments performed will also result in additional charges.

5. It is your responsibility and we encourage you to ask the doctor or technician for an estimate of cost if your pet's visit will involve more than just an examination and consultation with the doctor. If you do not ask for an estimate and authorize additional services or treatments, you will be responsible for the charges incurred.

6. If an emergency arises while your pet is in our care, we will make a reasonable effort to contact you for authorization to take whatever measures are necessary to protect your pet's health and well being. In the event we are unable to contact you, we will respond to the emergency situation as we deem medically necessary. In either circumstance, you will be responsible for all charges incurred.

7. You understand that all medical records concerning your pet, to include radiographs and laboratory results, are the property of Delaware Valley Veterinary Hospital. There may be a nominal fee for providing copies of your pet's records.

8. Hospital policy requires that all hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites. If your pet requires hospitalization or boarding, you authorize Delaware Valley Veterinary Hospital to administer whatever vaccines or parasite preventative/control deemed necessary in order to prevent the spread of infectious diseases and parasites.

**I have read, understand, and agree to the Delaware Valley Veterinary Hospital Financial Policy:**

\_\_\_\_\_  
Owner/Owner's Authorized Representative

\_\_\_\_\_  
Date