



New Client Information Form

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

ESTIMATE AND PAYMENT POLICY

The cost is only an estimate for the care that has been discussed. Charges incurred for this care may vary. The Doctors or staff of Delaware Valley Veterinary Hospital will attempt to notify you by phone if conditions warrant a significant change in the treatment and therefore the cost. In the event that direct communication cannot be established, the attending clinician will exercise his or her best judgement with regards to your pet's care until you can be contacted. You would be responsible for the cost of such care. This estimate only covers those services provided by the Delaware Valley Veterinary Hospital.

*******Additional follow-up exams, radiographs, other specialty services or emergency care are NOT included in the estimate.**

PAYMENT POLICY

- A deposit in the amount of 50% of the high end of the estimate is required at the time of admission.
- Payment in full is required when a patient is discharged from the hospital.
- In the event that the charges for all services are not available at the time of discharge, the charges for those services may be billed to you within 30 days.
- In the event that the estimate is increased during the course of hospitalization, you will be contacted by the business office and an additional deposit may be required.
- The hospital accepts Debit, MasterCard, Visa, Discover, American Express, checks with proper identification and electronic clearance and cash. Checks are deposited electronically and may clear your bank within hours of processing. Checks will ONLY be accepted with valid government issued photo ID.
- Care Credit is offered through an independent company and, in some situations, may allow you to pay over an extended period of time. An application is required. Valid government issued photo ID and a credit check is required to apply.
- The person who presents an animal to our hospital will assume full financial responsibility, even if they are not the owner of the animal. The hospital will NOT bill any third party.
- Any unpaid balances beyond 30 days are subjected to a monthly service charge of 1.5%.
- Any unpaid balances that require collections are subject to attorney and legal fees as appropriate.

PLEASE READ CAREFULLY AND SIGN BELOW

I am the owner or responsible agents for the animal described above and have the authority to execute this consent. I am over 18 years of age. I have read and understand the estimate and payment policy and agree to both. I have had the opportunity to ask any questions that I may have regarding the estimate and the payment policy.

Signature

Date