

Derry Animal Hospital  
Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information form.

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

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ phone #: \_\_\_\_\_

We will gladly prepare a written estimate if you so desire. Please ask a technician or doctor.  
Professional fees are due at the time services are rendered.

*accepted methods of payment: Cash Check Visa MasterCard Discover American Express Debit Care Credit*

Name of previous/current Veterinarian: \_\_\_\_\_

How did you hear of our hospital?

Individual, someone we can thank? \_\_\_\_\_  Welcome Neighbor Coupon

Derry Animal Hospital Website  Internet Search Engine(*i.e. Google*)  Yext.com/Localvets.com

Yellow Pages(*phone book*)  Hospital Sign/Drive by  Internet Phone Directory(*i.e. yellowpages.com*)

Other (*please be specific*) \_\_\_\_\_

*To help prevent the spread of infectious diseases, all hospitalized, boarded and groomed animals must be current on all vaccines*

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize Derry Animal Hospital to receive, prescribe for, treat or perform surgery upon my pet(s). Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree that any amount unpaid after thirty days will be subject to interest at a rate of 18% per year (1.5% per month) until such unpaid amount is paid in full. Additionally, I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Animal Medical History

Please complete information for all of your pets	Pet # 1	Pet # 2	Pet # 3
Pet's Name			
Species			
Breed			
Description (color)			
Age or Date of Birth			
Sex			
Altered or Spayed			
Name of your pet food			
Daily medication			
Flea & Tick Product used			
Hours spent outside each day			
Any known allergies			