Vetcare Animal Wellness of Delaware
803 N. Houk Road, Delaware, OH 43015
Ph: 740-362-6414 Fax: 740-362-6417

Please check: [ ] New Client   [ ] Current Client/ New Patient

Name:_____ **Spouse/Other:** _____
                LAST name   FIRST name

Address:_____
                        STREET NAME   CITY   STATE   ZIP

Home Phone: _____ **Cell Phone:** _____ **Other:** _____

Employer: _____ **Work Phone**:_____

Emergency Contact Name: _____ **Phone Number**: _____

Email Address: _____

Who recommended us to you? (please circle one)
Yellow Pages   Office sign   Newspaper   Another DVM office   TV ad   Internet/Web page
Personal recommendation: _____ (list name) Other: _____

Pet No. 1.   **Pet No. 2.**

Pet Name: _____   **Pet Name:** _____

Birth Date or Age : _____   **Birth Date or Age:** _____

Circle: Dog   Cat   Other: _____   **Circle:** Dog   Cat   Other: _____

Breed: _____ **Color**:_____   **Breed**: _____ **Color:** _____

Circle: Male / Female - Spayed/Neutered   **Circle:** Male / Female - Spayed/Neutered

When and where last vaccinations done?   **When and where last vaccinations done?**
_____   _____

Long term medical problems or current medications?   **Long term medical problems or current medications?**
_____   _____

MUST READ Due to increased number of fraudulent checks, there will be <u>NO</u> checks accepted on any
new client accounts until that client has become established with our office for a period of one year. _____ intital
I/We understand that the total amount is due and payable at the time services are rendered. All account balances are due upon
release of your pet. Feel free to discuss your pet's treatment program and it's cost with the doctor at any time. If Vetcare
Animal Wellness of Delaware, LLC should require outside agents to collect any default amounts, all reasonable collections,
finance charges, attorney fees and court costs will be my/our responsibility as well as all principal costs due.

_____
signature of owner or authorized agent for owner   date

Please Show I.D. To Verify Over The Age Of 18

____Verifying Staff Initials