



New Client Questionnaire

We accept payment by Cash, personal Check, Visa, Mastercard and Discover

Welcome to our veterinary hospital. It is a pleasure to serve the needs of you and your pet. Please fill out this form completely if you are visiting us for the first time. If you or a member of your family has been here before, please notify the receptionist.

Owners Name: _____ Co-Owner or Spouse's Name: _____

Owner's Address: _____ State: _____ Zip Code: _____

Occupation: _____ Place of Employment: _____

Phone Numbers: Home: (____)____-____ Work: (____)____-____ Cell: (____)____-____

Email Address: _____ How did you hear about us? _____

Pets: Information:

1.) Pet Name: _____ DOB: ____/____/____ Species _____ Breed: _____

Colorings: _____ Sex: _____ Is your pet spayed/neutered? Yes No

ID Chip # (if applicable): _____ If cat, does it go outdoors? Yes No

2.) Pet Name: _____ DOB: ____/____/____ Species _____ Breed: _____

Colorings: _____ Sex: _____ Is your pet spayed/neutered? Yes No

ID Chip # (if applicable): _____ If cat, does it go outdoors? Yes No

3.) Pet Name: _____ DOB: ____/____/____ Species _____ Breed: _____

Colorings: _____ Sex: _____ Is your pet spayed/neutered? Yes No

ID Chip # (if applicable): _____ If cat, does it go outdoors? Yes No

Have any of your pets had a previous vaccine reaction? Y N explain: _____

Have any of your pets had a previous medical or surgical problems? Y N explain: _____

Are any of your pets on any medications at this time? Y N explain: _____

Are any of your pets eating a prescription diet? Y N explain: _____

Did you bring your pet's vaccine history with you today? Y N explain: _____

Doulassville Veterinary Hospital requires payment in full at the time of service. When your pet is admitted to the hospital, you may be asked to leave a deposit. All past due balances are assessed a 1.5% finance charge per month after the first 30 days. Returned checks will be subject to a \$10 fee, assessed immediately after the check is returned. For checks written without sufficient funds, we will utilize ReSubmitIt® to recover the funds. All balances that reach 90 days past due may be sent to a collection agency. As legal owner, responsible agent, or good Samaritan of the above animal(s), I certify that I have read and agree to this financial policy. I hereby assume financial responsibility for all services rendered.

Signature owner/agent: _____ Date: _____

*Dedicated to the needs of you
and your pet.*

Doulassville Veterinary Hospital