

Dale S. Lonsford, DVM
Charmel Rodick, DVM
Cindy J. Allen, DVM
Dominique Gras, DVM



2822 Center Street
Deer Park, TX 77536
phone: 281-479-0405
fax: 281-241-8916
Email@DeerParkVets.com

Patient/Client Information

Date_____

Owner's Name_____ Spouse/Other_____

Address_____ City_____ State_____ Zip_____

Owner's Drivers License#_____ State_____ DOB____/____/____

Spouse's Drivers License#_____ State_____ DOB____/____/____

Primary Telephone (____) _____-_____ Ext._____ Cell Home Work Other _____

Alternate Telephone (____) _____-_____ Ext._____ Cell Home Work Other _____

Email address_____

How did you hear about our hospital: [] American Animal Hospital Association Referral

[] Individual: Someone we may thank? _____

[] Yellow Pages [] Our Street Sign [] Other_____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Signature_____

We accept: Cash * Check * Care Credit * Discover * American Express * Visa * Master Card

***We will be happy to prepare a written estimate if you desire. Please ask the receptionist, technician or doctor.**

*I authorize my previous Veterinarian to release my pet(s) medical information to the Deer Park Animal Hospital doctors and staff.

Signature_____

*I authorize the Deer Park Animal Hospital doctors and staff to release my pet(s) vaccination history and information.

Signature_____

*To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites. I authorize the doctor to provide vaccinations and parasite control as needed for my pet.

Signature_____

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Thank you for giving us this opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet



New Pet Data

Owner's name _____ Telephone _____
 Address _____ City _____ State/Prov _____ Zip/P.C. _____
 Previous DVM _____ Telephone _____
 Alert Data (allergies, idiosyncrasies, etc.) _____

	Pet 1	Pet 2	Pet 3
Pet name			
Species (cat, dog, bird, other)			
Breed			
Description/Color			
Age in years			
Date of birth			
Sex			
Spayed or neutered			
Pet origin (friend; humane society; shop)			
Length of time owned			
Registration ID#			
Diet/Type of food			
Hours spent outside each day			
VACCINATION HISTORY:			
DHLP (Distemper: dog, ferret)			
Parvovirus (Parvo: dog)			
FVRCP (Infectious diseases: cat)			
Rabies (dog, cat, ferret)			

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Feline Leukemia test			
Other vaccines			
Heartworm test			
Heartworm prevention			
Fecal exam (worms: dog, cat)			
Dentistry			
Prior illness			
Prior surgery			

Website and Social Media Release Form

I grant permission to the Deer Park Animal Hospital to take photos of my pet for the purpose of posting to the Deer Park Animal Hospital website or Facebook page.

I hereby release and discharge Deer Park Animal Hospital from any and all claims arising out of use of these photos.

I am above the age of 18. I have read the foregoing document and fully understand its contents.

Deer Park Animal Hospital has the right to use: (pick one)

- Only my pet's first name(s)
- My pet(s) first name and my last name
- My pet(s) name and my first and last name

Signature _____

Print Name _____

Email Address _____

- I do NOT give permission for my pet's photo to be published on any form of social media.

Signature _____

Print Name _____