



4320 East Boulevard
Deer Park, TX 77536
Phone: 281-479-0405
Fax: 281-241-8916
Email@DeerParkVets.com

Attached () Verified ()

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_____

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			
Is Your Pet Microchipped?			
If Yes, Microchip Number			
Hours spent outside each day			
Diet/Type of food			
Is Your Pet Current on Vaccinations?			
Does Your Pet Take Heartworm Meds?			
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.

I give permission for my pet's photo to be published on any form of social media.

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

Signature _____

Print Name _____

Cancellation Policy

It has become necessary for Deer Park Animal Hospital to manage appointments that have not been honored. If you find that you need to cancel your appointment, we anticipate and expect you to notify us 24 hours in advance of the scheduled appointment. This notification allows the practice to better utilize appointments for other patients in need of prompt medical care.

In the event, a client has incurred two documented "no shows" or same day cancellations, Deer Park Animal Hospital will require a \$50.00 non-refundable deposit at the time the appointment is scheduled.

Inititals _____