

Denton Animal Hospital  
 175 Haywood St.  
 Denton, NC 27239  
 New Client Form

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. no: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver License: \_\_\_\_\_ State: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

How did you become aware of our clinic?: (please circle) Drove By    Yellow Pages Internet    Another Clinic

If referred by a friend, please print their name below so we know whom to thank.

PATIENT INFORMATION	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
MALE / FEMALE			
SPAYED / NEUTERED			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet (s) on any special diets or medications? \_\_\_\_\_

**HOSPITAL PAYMENT POLICY**

- ◆ *Payment is required when treatment is performed and before your pet is discharged.*
- ◆ *No partial payments are accepted. All charges are required in full at time of visit.*
- ◆ *A deposit is necessary for any hospitalized patients.*