

small animal hospital

Hospital Member AMERICAN ANIMAL HOSPITAL ASSOCIATION

NEW CLIENT INFORMATION

Client Number:	Patient Number:
Name/Title:	Pet Name:
Spouse/Other:	Species: Sex: 🗅 Male 🕞 Female
Address:	Altered: Yes No Breed
	Color/Description:
City/State: Zip:	
Home Phone: ()	Date of Birth:
Work Phone: ()	Date of last vaccinations if known:
Cell Phone: ()	Brand of heartworm preventive:
Place of Employment:	Date last given/administered:
Ok to call at work? TYes No	Flea/tick preventive used:
Spouse/Other Employment:	Date last given/applied:
Work Phone: ()	Is your pet microchipped?
Spouse/Other Cell: ()	If no, would you like him or her microchipped today?
Emergency Contact:	What type of food, treats, and what amounts does your pet normally eat?
Email:	what type of food, iteats, and what amounts does your per formally ear?
Preferred method(s) for reminders:	
How did you hear about us? Internet search I Social Media TV I Newspaper	Is your pet: indoors only? Yes No outdoors only? Yes No
Yellow Pages Other	If both, please estimate percentage spent indoors:%
Personal referral - whom can we thank?	percentage spent outdoors:%
We often take photos of our patients which we sometimes use on social media or our website.	If your pet has access to outdoors, is the area fenced? Yes No
Please check this box if you would rather your pet's(s') photo NOT be taken/used.	MISSION STATEMENT:
Payment Options:	DSAH is a veterinary hospital that seeks to provi

VISA

DISCOVER

ide exemplary service to our clients and a complete approach to animal health care. We are passionate supporters of the human-animal bond and consider it both an honor and a privilege to partner with our patients' families in supporting, enhancing, and developing this bond. Doctors and staff of DSAH are committed to being lifelong students of our profession. We love what we do and we expect it to show!

2214 West Jackson Street • Tupelo, MS 38801 662.842.1118 • dilworthvet@gmail.com www.dilworthsmallanimalhospital.com



We accept cash, checks (drawn from a local bank), debit cards, VISA, MasterCard, and Discover.

We offer CareCredit for extended payment options. You must be pre-approved for CareCredit.

Please indicate preferred payment option:

Cash Credit Card CareCredit Debit Card

Check: please provide Driver's License #

DILWGRTH

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PATIENT REGISTRATION

Patient Number:		
Pet Name:		
Species: Sex: 🖵 Male 🛛 Female		
Altered: Yes No Breed		
Color/Description:		
Date of Birth:		
Date of last vaccinations if known:		
Brand of heartworm preventive:		
Date last given/administered:		
Flea/tick preventive used:		
Date last given/applied:		
Is your pet microchipped? Yes No		
If no, would you like him or her microchipped today?		
What type of food, treats, and what amounts does your pet normally eat?		
Is your pet: indoors only? Yes No outdoors only? Yes No		
If both, please estimate percentage spent indoors:%		
percentage spent outdoors:%		
If your pet has access to outdoors, is the area fenced? \Box Yes \Box No		

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Species: Sex: 🖵 Male 📮 Female	
Altered: Yes No Breed	
Color/Description:	
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percentage spent outdoors:%	
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MISSION STATEMENT:

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