620 Happy Acres Road
Chesapeake, VA 23323
Phone (757) 487-1333

YOUR PET; OUR PRIORITY

Welcome & Thank You for giving the Doctors and Staff of Deep Creek Veterinary Hospital the opportunity to assist with the healthcare of your pet(s). Please complete both sides of this form.

Primary Owners Information

Primary Owners Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Would you like to receive reminder emails? YES / NO

Primary Owners Employer: _____ Address: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Secondary Owners Information

Secondary Owners Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Other Phone: _____ Email Address: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Deep Creek Veterinary Hospital Policies

- You will discuss the needs of your pet(s) with the doctor during the exam and we will provide a treatment plan of services recommended upon your request. If your pet is being hospitalized for treatment, observation and/or surgery, a 50% deposit is required when hospitalized and the balance paid in full upon discharge.
- Upon services being rendered, payment in full is due prior to leaving.
- If there is a need to cancel or reschedule an appointment, a 24-Hour business day notice must be given. Should notice not be given a charge will be applied to your account and billed to you. Deposits for surgical procedures and/or other services scheduled for your pet require 48 business hours' notice of cancellation in order for a refund to be issued.
- In the event this account has an unresolved balance, I hereby give permission for my employer to provide verification of employment to Deep Creek Veterinary Hospital. I understand fees incurred by Deep Creek Veterinary Hospital to collect an unresolved balance. Potential fees involved are late fees, billing, collection, processing and legal fees.
- To prevent the spread of infectious disease and parasites, pets who are hospitalized, presented for grooming, and/or boarding, must be current on all vaccines and free of intestinal and external parasites. I authorize the doctor to provide treatment, vaccines and parasite control as needed for my pet.

Owners Signature: _____ **Date**: _____

(OVER)

YOUR PET; OUR PRIORITY

We value each relationship with our clients and their pet(s). To assist us with learning about your pets living environment, recognize and assess risks in association with your pet, circle the appropriate YES/NO *and provide details if circling YES. Please note any further information regarding your pet(s) health, well-being, behavior, and/or environment concerns you pet may be exposed to.*

May we utilize your pets photos for our FACEBOOK, website or advertising purposes? YES / NO (*initial*) _____

Household Information

Are there other family members in the home? YES / NO Children? If yes, please list name and age: YES / NO

_____

Anyone in the household have a compromised/impaired immune system? YES / NO If yes, please explain:

_____

Are there other pets in your household? YES / NO Where else has your pet(s) lived? _____

Do you travel or vacation with your pet? YES / NO If yes, where? _____

Where does your pet(s) sleep? (Outdoors, Indoors, Kennel, your bed, etc.. please be specific) _____

Household Pets

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5
Canine or Feline					
Pets Name					
Breed					
Color					
Male or Female					
Neutered or Spayed					
Age / Date of Birth					
How long have you owned your pet?					
Type of food you feed? Amount & how often?					
How much time does your pet spend outdoors daily?					
Is your pet on medications or supplements? Type?					
Previous Surgeries					
Previous Illness, Injury or Diagnosis					

Additional Information

_____

_____

_____