

**DiLella Veterinary Services**  
**3130 Pricetown Road Ste. M**  
**Fleetwood, PA 19522**  
**610-944-1538**

**NEW CLIENT/NEW PATIENT FORM**

**CLIENT INFORMATION:**

**TODAY'S DATE:** \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse/Significant Other: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_

E-Mail Address (for reminders): \_\_\_\_\_

Referred By: \_\_\_\_\_

**PET INFORMATION:**

Patient Name: \_\_\_\_\_

Species (circle one) Canine Feline Breed: \_\_\_\_\_

Sex (circle one) Male Female Spayed/Neutered (circle one) Yes No

D.O.B (or current age) \_\_\_\_\_ Color: \_\_\_\_\_

Known allergies/Medical conditions: \_\_\_\_\_

**Payment: NO CHECKS**

**We accept cash, credit, care credit, and debit cards**

**Financial Responsibility Agreement:**

If any amount remains unpaid you hereby agree to pay the following:

1. Interest at 1.5% per month
2. Collection fees of 33.33%
3. Reasonable attorney's fees

**AUTHORIZATION:**

I hereby authorize Dr. DiLella and staff to examine, prescribe for, and treat the above named pet. I certify that I am 18 years of age or older. I am financially responsible for all charges incurred in the care of this animal and I also understand that these charges will be paid at the time of release.

Owner Signature : \_\_\_\_\_ Date: \_\_\_\_\_