

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

House Call Client Form

Please note when your pet's last vaccines were given and when they are due for their vaccines again.

Dog:

Rabies: last date given: _____ date it's due: _____

DHPP: last date given: _____ date it's due: _____

Lepto: last date given: _____ date it's due: _____

Lyme: last date given: _____ date it's due: _____

Bordatella: last date given: _____ date it's due: _____

Influenza: last date given: _____ date it's due: _____

When was your dogs last heartworm test? _____

When was your dogs last heartworm and lyme test? _____

Cat:

Rabies: last date given: _____ date it's due: _____

FVRCP: last date given: _____ date it's due: _____

Feline Leukemia last date given: _____ date it's due: _____

Is your cat an indoor cat or outdoor cat? _____

Was your cat tested for FELV/FIV? Date of test: _____ Due: _____

Previous Conditions: Please list any previous conditions your pet has.

Medications: Please list all the medications that you are giving your pet. Including over the counter medications.

Will DiLella Veterinary Services be your permanent veterinarian or would you like our office to fax your pet's medical records to your veterinarian's office?

In case of an emergency situation would you or a family member or a friend be able to transport your pets to our office ?

Please provide our office with a copy of your pet's last Rabies certificate.

Please email these forms back to drcoreyfdilella@gmail.com or mail the forms back to the office at

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