

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: _____

Do you prefer phone call or text message for reminders/follow up? (Please circle) If text is preferred,
carrier _____

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. Initials _____

*Do you authorize DiLella Vet Services to share your medical information with other Vet hospitals, groomers, boarding facilities, Adoption/Rescue/Foster groups if requested? Initials _____

Owner Signature : _____ Date: _____