



**DOVE CREEK ANIMAL HOSPITAL**  
 Lori J. Hill, DVM | David C. Zoltner, DVM  
 1200 Bent Oaks Court | Denton, Texas 76210 | (940) 387-3313  
*"Your Other Family Doctor"*  
 www.dovecreekanimalhospital.com

**Welcome to our Hospital!** Please complete this form so that we can prepare a medical record for your pet(s).  
 This will help us to serve you better. **Thank you!**

**Tell us about yourself:**

Owner's Name \_\_\_\_\_

Spouses Name \_\_\_\_\_

Mailing Address (include Apt. #) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Spouses Place of Employment: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Permanent Address if different from above \_\_\_\_\_

**How did you learn about our Hospital?**

Location  Website/Search Engine  Yellow Pages  Referred by \_\_\_\_\_

**Tell us about your pets** (Please list all pets, continue on back if needed.):

NAME	MALE/FEMALE Neutered/Spayed?	DATE OF BIRTH	BREED	COLOR	DATE OF LAST VACCINES

**Previous Veterinarian/Clinic Name and City, State** \_\_\_\_\_

**List any chronic problems and /or any medication(s) your pet is currently taking** \_\_\_\_\_

WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS AND CARE CREDIT. I UNDERSTAND THAT ALL FEES MUST BE PAID AT THE TIME SERVICES ARE RENDERED.

RETURNED CHECKS WILL BE SUBJECT TO A \$30 FEE AND WILL REQUIRE PAYMENT IN FULL WITHIN 5 DAYS OF RETURN DATE. CHECKS WRITTEN ON CLOSED ACCOUNTS ("HOT CHECKS") WILL BE SUBJECT TO A \$30 FEE AND WILL BE FILED WITH THE OFFICE OF PAUL JOHNSON, DENTON COUNTY DISTRICT ATTORNEY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_