



**DOVE CREEK ANIMAL HOSPITAL**

Lori J. Hill, DVM | David C. Zoltner, DVM

1200 Bent Oaks Court | Denton, Texas 76210 | (940) 387-3313

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 \_\_\_\_\_

Driver's License # (required) \_\_\_\_\_ State and Expiration Date: \_\_\_\_\_

(\*Your contact information is secure at our hospital)

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

Location  Website/Search Engine  Yellow Pages  Referral \_\_\_\_\_

**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 \_\_\_\_\_