



1611 North Liberty Street
Harrisonburg, VA 22802
(540)434-6331

WELCOME

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

CLIENT INFORMATION

Name _____ Date _____
Last First Initial

Driver's License # _____
*OR alternate id number and type (PLEASE, **DO NOT** PROVIDE SS#)

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Best phone # for contact _____

Email Address _____

Employer _____ Occupation _____

Business Address _____ Business Phone _____

Spouse or co-owner _____ Business Phone _____

Notify in case of emergency _____ Home Phone _____ Business Phone _____

How did you learn of our clinic?
 Yellow Pages Sign/Location Recommendation Other _____

If recommended, by whom? _____

PAYMENT

We will gladly prepare a written estimate of service (please ask our receptionist staff). **All professional fees are due at the time services are rendered.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards. If you have a question or concern about your expected expenses please speak with our receptionist staff.

I assume full responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. There will be a service charge of \$30.00 for any check returned unpaid. If for any reason my bill is not paid at the time of service, I understand my account may be susceptible to interest fees, collection fees and/or attorney's fees, and any court costs required to collect on my account.

Signature of client _____ Date _____

Method of payment: Cash Check MasterCard VISA



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PET INFORMATION

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Pet's Name _____ Dog Cat Other _____

Age/Birth date _____ (Required – if not sure, please approximate) Sex: Male Neutered Female Spayed

Breed _____ Color _____

Diet _____ Current medications _____ Prior illness/Surgery _____

Check all that pet has received:

- DHLP (Distemper/Parvo) Heartworm test Bordatella
 Feline leukemia/FIV test (Cat) FeIV Vaccine FVRCP (Infectious diseases – Cat) Rabies

Dates: _____

Check any symptoms/problems you have noticed:

- Behavioral Lack of Appetite Sneezing Limping Bleeding Gums
 Thirst/Urination increased Breathing Problems Loss of balance Vomiting Coughing
 Scooting Weakness Diarrhea Scratching Gagging
 Seems Depressed Shaking Head Eyes bulging/Bloodshot

Reason for pet's visit _____

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from external parasites (ear mites/fleas). If it is deemed immediate care is needed in my absence and I am unreachable by phone, I give permission for the veterinarian in charge to make judgments on my behalf. The signature below authorizes this level of care and the appropriate charges will be assessed in the discharge invoice. **Signature of client responsible for pet** _____ **Date** _____

Comments:

