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## Client & Patient Information Sheet

Client (Owner) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient (Pet) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

DOB / Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed or Neutered?  Yes  No

Regular Veterinary Clinic: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Medical History (i.e. heart murmur): \_\_\_\_\_

Surgical History: \_\_\_\_\_

Medications given within the last 48 hours: \_\_\_\_\_

Allergies / Drug Reactions: \_\_\_\_\_

Has your pet had veterinary dental care?  Yes  No When & Where \_\_\_\_\_

Do you practice home dental care?  Yes  No Type & Frequency? \_\_\_\_\_

Is your pet up to date on all vaccinations?  Yes  No Is your pet a fear biter?  Yes  No  Not Sure

### I have read, understand, and agree to the following:

- Payment is expected at the time services are rendered. We accept cash, check, Visa, MasterCard, American Express, Discover, CareCredit and Scratchpay. Card payments will be charged a 3.0 % surcharge fee. \_\_\_\_\_(Initial)
- In the event of a payment issue, you (the client) will be responsible for any/all legal fees incurred in the collection of the payment. \_\_\_\_\_(Initial)
- A written treatment plan will be provided at any time, **upon my request**. \_\_\_\_\_(Initial)
- A small amount of fur may need to be clipped for monitoring, IV catheter placement, etc. \_\_\_\_\_(Initial)
- If I need to reschedule my appointment, I will give 48 hours' notice. If I cancel with less than 48 hours' notice or miss the appointment, a fee may be assessed. \_\_\_\_\_(Initial)
- Photos may be taken of my pet's procedure for educational purposes and/or for use in online marketing. \_\_\_\_\_(Initial)
- Pets must be picked up w/in 30 minutes of their release time. Otherwise, hospital charges may apply. \_\_\_\_\_(Initial)

Signature Required: \_\_\_\_\_