

410 Maple Ave. West  
Suite One  
Vienna, VA 22180  
Tel: 703-281-5900  
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## Client & Patient Information Sheet

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation / Place of Business: \_\_\_\_\_

How did you hear about us? Veterinarian, Google, Facebook, Friend, Other: \_\_\_\_\_

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

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

Veterinary Hospital: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

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

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

Current Medications: \_\_\_\_\_

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

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

- Payment is expected at the time services are rendered. We accept cash, Visa, MasterCard, American Express, Discover, and Care Credit. **Animal Dental Clinic does not accept personal checks.**
- A written treatment plan/estimate will be provided at any time, upon my request.
- A small amount of fur may need to be clipped for monitoring, IV catheter placement, etc.
- 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.
- Photos may be taken of my pet's procedure for educational purposes and/or for use in online marketing.

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