

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

Client (Owner) Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Alternate Contact Name: _____ Phone: _____

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

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, Visa, MasterCard, American Express, Discover, Care Credit and Scratchpay. **ADC does not accept personal checks.** _____ (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: _____