

North Oatlands Animal Hospital & Reproduction Center

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Leesburg, Virginia 20175
(703) 777-7781 office (703) 777-2758 fax
www.NOAHVETS.com ~ info@NOAHVETS.com



Dominion Valley Animal Hospital

5371 Merchant's View Square
Haymarket, Virginia 20169
(703) 753-4444 office (703) 753-4446 fax
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NEW CLIENT INFORMATION SHEET

Client Information:

Name _____ Spouse's Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Email _____
Occupation _____ Employer _____ Work Phone _____
Spouse's Occupation _____ Employer _____ Work Phone _____
Emergency Contact _____ Emergency Phone _____

Who can we thank for referring you to our practice?

Internet (Which Website?) _____ Phone Book (Circle One) Super Pages (Yellow) or Community Book (Red)
 Existing Client _____ (Referrers will receive \$20.00 off their next visit!) Other _____

Patient Information:

Pet Name _____ Canine / Feline / Other _____ Sex M / F / MN / FS
Breed _____ Color _____ Date of Birth _____ Age _____
Microchip # _____ Tattoo # _____
Has this pet EVER bitten anyone, exhibited aggressive behavior or require special care while handling Yes / No
If Yes, Completely Explain _____

Please describe any/all Prior Medical Conditions and Dates of Procedures _____

Previous Veterinary Clinic (if applicable):

_____ (Additional Pets may be listed on a continuation form)

By Signing below, I hereby attest that the information provided on this and subsequent Patient Information forms is correct and complete to the best of my knowledge. Further, I acknowledge that payment is due at the time services are rendered. I accept responsibility for any charges incurred in providing veterinary care to this/these patient(s) and understand in the event of non-payment, I will be held liable for any and all charges related to collecting this debt including attorney's fees, collection charges which may equal the amount of the outstanding debt and late fees compounded monthly at the rate of 7.5% of the total outstanding balance (minimum \$10 per assessment). I may request an estimate before services are rendered.

I understand that ALL Veterinary Records and Radiographs (X-rays) are the property of North Oatlands Animal Hospital, PC. All requests for copies of these records must be made in writing and will be ready for pick-up or mailing within 5 business days of request. A fee of \$25 will be charged for this service. I understand that medical records will be released only once balance is paid in full.

Signature

Date