



OWNERS FORM

Today's Date _____

New Client Established Client

How did you hear about us? (Please select one)

Drive by Shelter

Internet What website? _____

Phone Book Which phonebook? _____

Local Advertisement What ad? _____

If a client of ours referred you please list their name, we'd love to thank them.

Referral by: _____

Regarding the following information, the address listed below is where we will send reminders and updates. If you move or change phone numbers, please contact us so we can keep our records current. If you leave the area notify us so we can send your records to your new veterinarian. E-mail addresses are used for sending out promotions and reminders. If you prefer not to receive anything from us please do not fill in the e-mail address line.

Please write legibly.

Information about you, the owner, the party responsible for medical decisions and payment on the account:

Mr. Mrs. Ms. Dr. Military Rank _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Place of Employment: _____

Work Phone: _____

Please let us know what the primary phone number to use is:

Home Work Cell

Information about your (please select one) spouse fiancé significant other :
This person is authorized to make medical decisions for all pets on account

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Emergency Contact Information: Someone, if the above listed cannot be reached, who can either reach you, or make medical decisions on your behalf:

Name: _____ Phone Number: _____

Relationship: _____



CAT FORM

Information about your cat:

Name: _____

What breed is your cat: Domestic Shorthair Domestic Longhair

Purebred What breed? _____

Color(s) _____ Date of Birth _____ Age _____

What is your cat's sex?

Male Neutered Male Female Spayed Female Unknown

How long have you had your cat? _____

Where did you get your cat? Pet store Shelter Private Breeder

Other source _____

Does your pet have a microchip? Yes No

If yes, what is the number? _____

Does your cat stay indoors outdoors or both

Is your cat declawed? Yes No Does your cat have a tendonectomy? Yes No

Does your cat have prior medical records at another clinic? Yes No

If yes, please provide us with the following information.

Clinic Name: _____

Clinic Number: _____

Any allergies, illnesses or conditions we need to be aware of:

Vaccine Site Associated Reactions:

Due to our concern for injection site reactions that may lead to tumors, our rabies vaccine protocol is a one year rabies vaccine instead of a three year vaccine. Merial's Pure Vax one year vaccine has not been associated with injection site tumors. Owners may still elect to utilize a three year rabies vaccine and it should be noted that among our patients who have received a three year vaccine, very few have exhibited tumors.



FINANCIAL AGREEMENT CLAUSE

I am aware that payment is due in full at the time all elective goods and services scheduled and rendered. Reston Animal Hospital does not offer billing and will not carry balances for goods and services for any reason. There is a monthly charge of \$10.00 for any balance not paid in full at point of service.

There is a service charge of \$25.00 for any returned checks.

For any balance due, I understand that I will be responsible not only for the balance due, but for any collection and/or attorney's fees that are incurred in the attempt to collect the debt.

We accept cash, MasterCard, Visa, Discover and American Express cards. There is a minimum charge of \$25.00 required for all credit card transactions. Checks are accepted with a valid government issued photo ID only.

We require one hour cancellation notice prior to the appointment time.

Signature_____

Date_____



VETERINARY DISCLOSURE FORM

Virginia Code 54.1-3806.1

Reston Animal Hospital maintains the following business and medical hours:

Monday through Friday	7:00am to 7:00pm
Saturday	8:00am to 3:00pm
Sunday & Major Holidays	Closed

This informs you that we have no in-house, on duty continuous medical staff care during the following hours. The hospital is equipped with a burglar alarm and a fire detection system.

Monday through Friday	7:00pm to 7:00am
Saturday through Monday	3:00pm to 7:00am

On Saturday, Sunday, and Holidays the kennel personnel provides animal care under professional supervision.

I have read this form and I am aware of the above staffing hours.

Signed _____

Date _____