



Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Business Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Referred by: Other Client \_\_\_\_\_

Internet (Please list web site) \_\_\_\_\_

Phone Book (Please list with book) \_\_\_\_\_

Magazine or Newspaper (please list) \_\_\_\_\_

Walk By \_\_\_\_\_

Other (please list) \_\_\_\_\_

Co-Owner's name \_\_\_\_\_

Contact Number \_\_\_\_\_

**We require that full payment be made at the time veterinary services are provided. We do not bill and will not accept personal checks from new clients. To become an established client, 3 or more paid office visits are required.**

I have read the above paragraph \_\_\_\_\_

Signature

Please list your pets, including those not here today:

Pet #1

Name \_\_\_\_\_ Dog/Cat \_\_\_\_\_ DOB \_\_\_\_\_

Breed \_\_\_\_\_ Description/Color \_\_\_\_\_

Male Female Male Neutered Female Spayed

Tattoo/Microchip Number \_\_\_\_\_

\*Cats: Indoor Outdoor Declawed: Yes No

Pet #2

Name \_\_\_\_\_ Dog/Cat \_\_\_\_\_ DOB \_\_\_\_\_

Breed \_\_\_\_\_ Description/Color \_\_\_\_\_

Male Female Male Neutered Female Spayed

Tattoo/Microchip Number \_\_\_\_\_

\*Cats: Indoor Outdoor Declawed: Yes No

Pet #3

Name \_\_\_\_\_ Dog/Cat \_\_\_\_\_ DOB \_\_\_\_\_

Breed \_\_\_\_\_ Description/Color \_\_\_\_\_

Male Female Male Neutered Female Spayed

Tattoo/Microchip Number \_\_\_\_\_

\*Cats: Indoor Outdoor Declawed: Yes No

Name of Clinic or Hospital where previous records can be obtained \_\_\_\_\_

609 2nd Street, NE  
Washington, DC 20002  
202-544-2500