

CLIENT INFORMATION

Thank you for trusting us to care for your pet. In order to better serve you, please take a moment to complete this form.

Date: _____ Email: _____

Best phone number to reach you about your pet (circle): Home Cell Work Alt. Contact

If you would like notifications by email or text, sign up online at www.gaithersburgvet.com/myaccount

Owner's Title (circle): Mr. Mrs. Ms. Dr. Alt. Contact (circle): Spouse Friend Relative Other

Owner's Name: _____ Alt. Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Contact Phone: _____

Employer's Name & City: _____

Driver's License Number (for controlled substances): _____ State: _____

How did you hear about us?

Individual: Name _____

Internet: Gaithersburg Vet Clinic Website Google Yelp Other Website: _____

Advertisement: Rescue Group Flyer Local Newsletter Saw Hospital Sign

Other: _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please let us know before services are rendered if you would like a written estimate.

Any unpaid balance will be subject to a 1.5% interest fee per month. A minimum billing fee will be charged.

There will be a charge for any returned checks.

In order to keep your pet protected against infectious diseases and parasites, all hospitalized animals must be current on all vaccines and free of internal and external parasites. We will provide these services if needed.

WE DO NOT PROVIDE 24-HOUR SUPERVISION

Emergency services are provided by Metropolitan Animal Emergency and Specialty Center in Rockville, Veterinary Referral Associates in Gaithersburg, or Blue Pearl in Rockville. Our answering machine will provide an emergency phone number for after hours.

Signature