Client/Patient Registration & Medical History Form

Please print clearly.

How would you like to be contacted? **Please check one: □ phone □ email**

Owner's Name: _____
Last First

Owner's Address: _____
Street Apt. # City State Zip Code

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Spouse/Partner's Name: _____ **Spouse/Partner's Cell Phone:** _____

Other Authorized Person/Emergency Contact: _____
Name Relationship Phone Number

Pet's Name: _____ **Pet's Date of Birth:** _____

Species: _____ **Breed:** _____

Male/Female - Neutered/Spayed?: _____ **Color/Markings:** _____

Current Medications: _____

Allergies to food or drugs? _____ **Is your pet on Heartworm Preventative?** _____

If so, please specify: _____ **If so, what type?** _____

Please list prior diseases, surgeries, or injuries: _____

How did you learn of our hospital? _____

Previous Animal Hospital's Name & Phone #: _____

May we request your pet's previous health record? _____

FINANCIAL RESPONSIBILITY POLICY

Herndon Animal Medical Center will no longer extend credit to our clients. Full payment is expected at time of service.

We accept cash, personal checks, ATM debit, Visa, MasterCard, Discover and Care Credit as payment methods.
There will be a $25 service charge on all checks returned by the bank.

If you have any questions regarding payments, please feel free to talk with one of our staff. If a balance accrues on your account and is not paid in a timely fashion, the client must understand that he/she is responsible for any collection, service charges, and/or attorney fees incurred while collecting this debt.

_____ _____
Authorized Owner/Client Signature **Date**

720 Jackson Street
Herndon, VA 20170

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