



Patient/Client Information
 Animal Care Center of Warrenton
 657 Falmouth Street
 Warrenton, VA 20186
 (540) 347-7788

Thank you for giving us this opportunity to care for your pet. Please help us meet our needs better by taking a moment to complete **both** sides of this information sheet.

Date _____
 Owner's Name Last _____ First _____ Spouse/Co-owner _____
 Driver's License # _____
 Address _____ City _____, State _____
 Zip Code _____ Email _____
 Home Phone # _____ Owner's Cell Phone # _____
 Spouse's/Co-owner's Cell Phone # _____
 Work Phone (Owner)# _____ Employer _____
 Work Phone (Spouse/Other)# _____ Spouse's/Other's Employer _____
 Emergency Contact Name and Number _____

How did you first hear of our hospital?
 Yellow pages _____ Individual: someone we may thank? _____
 Hospital sign _____ Other _____
 We consider our pet(s):
 Part of the family _____ Just as pets _____

Professional fees are due at the time services are rendered.
 Payment is due at the time of service unless other arrangements are made
in advance. A \$35.00 charge will be assessed for any returned checks.

I clearly understand and agree that all services rendered to my pet are charges directly to me and that I am personally responsible for payment. I understand that there will be a finance charge on (over 30 days) unpaid balances at a rate of 1.5% per month (18% annually) or a Minimum service charge of \$3.00 (three dollar). I agree to pay all collection fees and/or court cost.

The Animal Care Center of Warrenton is staffed Monday from 8:00AM to 7:00 PM, Tuesday Wednesday, Thursday and Friday from 8:00 AM to 5:00PM, and Saturday from 8:00AM to 1:00 PM. We have no on-duty medical staff other than these hours of operation.

I authorize release of all veterinary records from previous veterinarians office for the use of the Animal Care Center.

If we are unable to contact you, do we have your permission to perform any procedure(s) that we feel is in the best interest of your pet's well being while your animal is in our care?

Please initial below
 YES _____ NO _____

I have read and understand completely all of the above.

Client signature: _____ Date: _____

Printed name: _____ Account # _____

Pet Information

1. Pet's Name - _____ Dog Cat Other _____

Breed (best guess if not sure): _____ Date of birth or approximate age: _____

Color: _____ Male Female Has pet been neutered/spayed? Yes No

Medical problems (previous/ ongoing) / Medications / Seizure disorders/ Allergies:

2. Pet's Name - _____ Dog Cat Other _____

Breed (best guess if not sure): _____ Date of birth or approximate age: _____

Color: _____ Male Female Has pet been neutered/spayed? Yes No

Medical problems (previous/ ongoing) / Medications / Seizure disorders/ Allergies:

3. Pet's Name - _____ Dog Cat Other _____

Breed (best guess if not sure): _____ Date of birth or approximate age: _____

Color: _____ Male Female Has pet been neutered/spayed? Yes No

Medical problems (previous/ ongoing) / Medications / Seizure disorders/ Allergies:
