



Palisades Veterinary Clinic
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 Washington, DC 20016
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New Client Information Sheet

Updated 5/2017

Owner Information			
Owner's Name:		Co-Owner's Name:	
Address:		City:	State: Zip:
Primary Phone:		Secondary Phone:	
Work Phone:		Co-Owner's Phone:	
Email Address (Appointment and Vaccine Reminders):			
Occupation:		Member of Military/Police/Fire?:	
Referred By:			

Pet Listing (Including those not here today)			
Pet #1			
Name:		Dog Cat	DOB:
Breed:		Description/Color:	
Male	Female	Male Neutered	Female Spayed
Tattoo/Microchip #:		Service/Guide Pet?:	
Indoor Cat		Outdoor Cat	Declawed
Name of Clinic or Hospital Where Previous Records can be Obtained:			

Pet #2			
Name:		Dog Cat	DOB:
Breed:		Description/Color:	
Male	Female	Male Neutered	Female Spayed
Tattoo/Microchip #:		Service/Guide Pet?:	
Indoor Cat		Outdoor Cat	Declawed
Name of Clinic or Hospital Where Previous Records can be Obtained:			

Pet #3			
Name:		Dog Cat	DOB:
Breed:		Description/Color:	
Male	Female	Male Neutered	Female Spayed
Tattoo/Microchip #:		Service/Guide Pet?:	
Indoor Cat		Outdoor Cat	Declawed
Name of Clinic or Hospital Where Previous Records can be Obtained:			

Notice and Signature
<p>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. A Client/Patient who has missed more than half of their scheduled appointment will have to wait and be seen as a work-in appointment for an additional fee of \$25. Failure to show for an appointment or failure to cancel an appointment within 24 hours' notice will result in a \$25 charge for a missed appointment.</p>
<p>I have read the information above (Print and Sign or Initial):</p>