



5138 MacArthur Blvd. NW Washington, DC 20016 202-363-1316

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Co-owner's Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Co-owner's Phone \_\_\_\_\_

Email Address (used only for appointment and vaccine reminders) \_\_\_\_\_

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) \_\_\_\_\_

Are you a member of the military/police/fire department? Yes No

**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. Failure to show for an appointment or failure to cancel an appointment will result in an \$85 deposit for the next scheduled appointment. I grant Palisades Veterinary Clinic permission to post my pet's picture, story, and medical information on social media.**

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 Service/Guide Pet: 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 Service/Guide Pet: 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 Service/Guide Pet: Yes No

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