



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 \$98.00 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.

By signing below, I authorize Palisades Veterinary Clinic to contact me via SMS text message, in order to help serve me better. By receiving SMS messages from the practice, I acknowledge that I will be opening up more channels of communication between myself and the practice to allow for the best health care for my pet(s). Palisades Veterinary Clinic will send me text messages about healthcare related items for my pet(s) including (but not limited to) Reminders for upcoming services (annual wellness checks, vaccinations, etc) that are due, appointment confirmations, medication refills, links for payment options, and other general ways of communications regarding my pet. I acknowledge that standard text messaging/data rates may apply and I may opt out of receiving at any time by replying "stop" to any previous message.

I have read the above paragraph and agree to the terms _____ (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

Name of Clinic or Hospital where previous records can be obtained _____