



Green Meadows Veterinary Service



13800 Spotswood Trail, Elkton, VA 22827 ♦ Phone (540) 298-1008 ♦ Fax (540) 298-8666

CLIENT INFORMATION

Name: _____ Referred By _____

Address: _____
Street # and name City State Zip Code

Telephone Numbers: Home: (____)____-____ Work: (____)____-____ Mobile: (____)____-____
(Please include Area Code)

Email: _____ Driver's License: _____
State Number

Employer: _____ Employer Telephone (____)____-____

EMERGENCY CONTACT: _____ @ Telephone (____)____-____

Spouse [] Partner [] Co-owner []: _____

Address: _____
Street # and name City State Zip Code

Telephone Numbers: Home: (____)____-____ Work: (____)____-____ Mobile: (____)____-____
(Please include Area Code)

Email: _____ Driver's License: _____
State Number

Employer: _____ Employer Telephone (____)____-____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly discuss cost of services and/or prepare a written estimate for recommended procedures. Deposits may be required for pets being admitted to the hospital. We accept cash, checks drawn from a local bank, VISA, MasterCard & Discover. There is a \$35 fee for returned checks.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE REQUIRE ANIMALS TO BE CURRENT ON ALL VACCINES IF THEY ARE ADMITTED TO THE HOSPITAL FOR ANY REASON. PETS WITH FLEAS WILL BE TREATED WITH FLEA MEDICATION ON ADMISSION, AND THE TREATMENT COST WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES, FLEA AND PARASITE CONTROL AS REQUIRED FOR MY PET(S).

SIGNATURE: _____ DATE: _____

Please List Individual Pet Information on the Back of this Form

ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

Dog Cat Other _____

Pet's Name: _____ **Breed:** _____ **Color/Markings:** _____

Birthdate (approx if unknown): _____ M M/N F F/S Microchip/Tattoo: _____

Previous Veterinary Clinic: (We will call to confirm vaccination history if no written records are presented)

Clinic Name: _____ Phone Number (if not local): _____

Current Medications: _____

Brief Medical History/Ongoing Problems: _____

Dog Cat Other _____

Pet's Name: _____ **Breed:** _____ **Color/Markings:** _____

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Clinic Name: _____ Phone Number (if not local): _____

Current Medications: _____

Brief Medical History/Ongoing Problems: _____

Please tell us of any other information we should have to best assist you and your pets.
