



**midlothian
animal clinic**

14411 Sommerville Court
Midlothian, VA 23113
804-794-2099 (Phone)
804-794-3015 (Fax)
www.macvetva.com

Dr. Ms.

Personal Information (Please Print)

Mrs. Mr. Name: _____
Telephone: Home (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Physical Address if Different: _____
E-Mail Address: _____ Employer: _____
Are you currently in the Military? YES NO
Alternate Contact: _____ Spouse Partner Co-Owner Other Telephone Number: (____) _____ - _____

How did you become aware of Our Hospital

Yellow Pages Our Sign Referring Veterinarian or Hospital Our Website www.macvetva.com Other

Personal Recommendation from: _____

Have you been to a veterinarian before Yes No If so, who _____ Reason for change _____

Your Pet's Information

Male Neutered Female Spayed
Pet's Name: _____
Canine Feline
Breed: _____
Color: _____
Birth Date: _____

Vaccination and Deworming History

Dog Dates: _____ Cat Dates: _____
DHPP: _____ RCP: _____
Bordetella: _____ FELV: _____
Rabies: _____ 1 yr 3 yr Rabies: _____
Deworm: _____ Deworm _____
Fecal: _____ Fecal: _____
Heartworm Check: _____

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Credit Information

FEES FOR PROFESSIONAL SERVICES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

The undersigned acknowledges and certifies that in admitting their pet(s) to Midlothian Animal Clinic for diagnostics, treatment or surgical procedures, they authorize the veterinarians and their support staff to administer such treatment and/or perform such diagnostic or surgical procedures when deemed necessary. An estimate of fees will be given for anticipates services. No guarantee or assurances can be made to the results that may be obtained. It is also understood that fees may exceed a given estimate should complications arise. I understand that any fees will be paid at the time of release and that a deposit may be required for surgery or for any prolonged treatment. A finance charge on any outstanding balance will be assessed at a minimum of \$5.00 or 2% per month after 30 days. If necessary, a \$10.00 collection fee will be applied, plus any charges associated with the collection of the outstanding balance. There is a \$25.00 fee on any check returned back to us.

Driver's License Number: _____ Expiration Date: _____ State: _____ Date of Birth: _____
Signature: _____ Date: _____