WALDORF ANIMAL CLINIC

PO BOX 291 WALDORF, MD 20604
(301) 645-2977 (301) 843-2666

--- ***NEW CLIENT ADMISSION FORM*** ---

NAME:_____

ADDRESS:_____

CITY _____ STATE _____ ZIP _____

EMPLOYER:_____

DRIVER'S LISCENSE #: _____

PHONE NUMBER (Contact #1) : _(_____)_____ (Contact #2) : _(____)_____

(Contact #3) : _(_____)_____ E-Mail: _____

REFERRED BY:

YELLOW PAGES	_____	FRIEND / RELATIVE	_____
SIGN	_____	HUMANE SOCIETY	_____
PET STORE	_____	OTHER	_____

IF REFERRED BY ONE OF OUR CLIENTS, PLEASE GIVE US THEIR NAME:

_____

PET'S NAME: _____ PET'S NAME: _____

DATE OF BIRTH / AGE: _____ DATE OF BIRTH / AGE: _____

BREED: _____ BREED: _____

COLOR AND MARKINGS: _____ COLOR AND MARKINGS: _____

MALE: _____ FEMALE: _____ MALE: _____ FEMALE: _____

SPAYED/NEUTERED: YES ____ NO ____ SPAYED/NEUTERED: YES ____ NO ____

VACCINE	DATE GIVEN	VACCINE	DATE GIVEN
Distemper		Distemper	
Rabies		Rabies	
Feline Leukemia		Feline Leukemia	
Lymes		Lymes	
Kennel Cough		Kennel Cough	
Heartworm Test		Heartworm Test	
Fecal Check		Fecal Check	

Payment is expected at the time services are provided. The hospital accepts VISA, MasterCard, Checks, and Cash. A $35.00 service fee will be applied to all returned checks. Balances over thirty days will be subject to a billing charge of $2.00 per month. Should you account be placed for outside collections, you will be charged reasonable collection costs, which may include but are not limited to collection agency fees, court costs, attorney fees, etc. Please be advised that the hospital is not staffed during non-business hours.

_____ _____

Signature of Owner Date