Goochland Animal Clinic

2000 Maidens Road
Maidens, Virginia 23102
(804)556-5566
goochlandanimalclinic.org

Margaret E. Washburn, DVM
Carroll M. Garland, DVM
Tammy K. Leopold, DVM

Thank you for giving us the opportunity to care for your pets. So that we may become better acquainted, please complete the following:

Client Information

First & Last Name _____ Co-Owner's Name/Relationship _____
Address _____ Co-Owner Cell # _____
City, State & Zip _____ Co-Owner Work # _____
Home # _____ Cell # _____
Work # _____ Email: _____

How did you choose our clinic? Drove by [ ]
Referral [ ] Whom may we thank? _____
Yellow Pages [ ]
Internet [ ] Where? _____
Newspaper [ ]

Previous Veterinarian _____
May we contact them in order to request a copy of your pet's medical records? _____

Pet Information

Pet #1 Dog [ ] Cat [ ] Other [ ]	**Pet #2** Dog [ ] Cat [ ] Other [ ]
Pet's Name:	Pet's Name:
Approx Date of Birth or Age:	Approx Date of Birth or Age:
Breed: Male [ ] Female [ ]	Breed: Male [ ] Female [ ]
Color:	Color:
Reason for Visit Today:	Reason for Visit Today:
Has your pet been spayed/neutered? Yes [ ] No [ ]	Has your pet been spayed/neutered? Yes [ ] No [ ]

Is your pet currently taking medications? _____ What are you feeding your pet? _____
Is your pet sensitive to touch in any part of the body? _____
Has your pet ever had a negative veterinary experience? _____
Does your pet have any known allergies, previous major illnesses or surgeries, or reaction to vaccinations?
_____
Is there anything else you would like us to know? _____
_____
For Cats: Does your pet go outside or have contact with other cats? _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

I assume all responsibility for all charges incurred in the treatment of my pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for any treatment for which the pet is left in the hospital. I further assume responsibility for a 2% monthly finance charge on all balances left over 25 days.

_____ _____
Signature of Owner or Responsible Party Date