

Pauline Knowles DVM LLC Mobile Veterinary Clinic

9605 Kings Highway, Montross, VA 22520

804-493-0838 Fax: 804-493-1339

www.mobilevetvan.com

CLIENT / PATIENT INFORMATION

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

In case of Emergency, please contact: _____ at phone number: _____

Email: _____

May we post pictures of you or your pet(s) on the internet such as facebook or our web page? Circle one: **Yes No**

How did you hear about us?

Individual; someone we may thank? _____

Side of Truck

Yellow Pages

Internet Search

Website

Other

Thank you for giving us the opportunity to care for your pets!!!!

	Pet #1	Pet #2	Pet #3
Pet's Name:			
Dog or Cat			
Breed:			
Color:			
Age/DOB:			
Sex:			
Spayed/Fixed:			
Diet:			
Hours outside:			
List Date the following was last given:			
Rabies:			
Distemper:			
Kennel Cough:			
Lymes Disease:			
Feline Leukemia:			
Heartworm Test:			
Leukemia / Aids Test:			
Fecal Parasite Test:			

Previous Veterinarian: _____ May we request copies of your pet's records? **Yes No**

Do you want us to send health care reminders? Circle: **Yes No** If yes, Circle preference(s): Phone Email Postcard

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Payment Options: Cash, debit card, and Credit cards. Sorry, no Personal Checks.

To prevent the spread of diseases and parasites, hospitalized and boarded animals must be current on rabies, distemper, and kennel cough (for dogs) and free of internal and external parasites. I understand and authorize the doctor to provide vaccines and parasite control as needed for my hospitalized or boarded pet.

Signature: _____ Date _____