

Ashburn Village Animal Hospital New Client / New Patient Form

Welcome to our family & thank you for giving Ashburn Village Animal Hospital the opportunity to care for your pet!

- Owner's Name *

First Name

Last Name

- Are you a current client? *

Yes No

- Address *

Street Address Street

Address Line 2

City

State / Province

Postal / Zip Code

- Cell Phone *

- Home Phone

- Work Phone

- Email (appointment and annual wellness reminder notifications)

- Co-Owner's name

First Name

Last Name

- How did you find us? *

Website Internet Search Friend Other veterinary office or business Other

- Pet's Name *

- Birth-date or Age *

- Species *

Dog Cat

- Breed(s) *

- Color / Markings *

- Sex *

Female Male Unknown

- Spayed or Neutered *

Yes No Uncertain

- Anything you'd like us to know to help make your pet's visit stress-free?

e.g. prefers females, doesn't like feet touched, owner protective, does not do well around dogs, etc.

- **We are happy to reach out to your previous Veterinarian to obtain a copy of your pet's medical history.**
- **For all pets' safety, we require all cats to be in an enclosed carrier and dogs must be on a leash (NO retractable leashes) when entering the building/arrive to the clinic.**

Please provide us with the following information

- Previous Practice Name(s)

- City and State

- Pet First and Last Name

Privacy and Medical Records Release

- I give Ashburn Village Animal Hospital permission to release information concerning the veterinary care for my pet(s): *

Yes No

- I give Ashburn Village Animal Hospital permission to use my pet(s) names and pictures for display, public relations and marketing. *

Yes No

Missed Appointment Policy

- **Missed Appointment Policy** Our goal is to provide quality individualized medical care in a timely manner. No-shows, late shows and cancellations inconvenience owners seeking timely medical attention for their pets. We would like to inform you of our policy regarding missed appointments. Cancellation of an Appointment In order to be respectful of the medical needs of other patients, please be courteous and call our office promptly if you are unable to show up for an appointment. This time will be reallocated to another pet in need of treatment. If it is necessary to cancel your scheduled appointment, we require

that you call at least 24 hours in advance. Surgical appointments, including dental cleanings, require 48 hours advance notice. Appointments are in high demand, and your early cancellation will allow another patient access to timely medical care. How to Cancel Your Appointment To cancel your pet's appointment, please call 703-729-0700. If you do not reach the front desk, you may leave a detailed message on our voice mail. If you would like to reschedule your appointment, please leave your name and phone number. No Show Policy: A "no-show", is a client who misses their pet's appointment without cancelling it. This includes arriving 15 minutes after your pet's scheduled appointment. For late cancellations or no show appointments without a reasonable excuse there will be a \$50 fee applied to your account. For surgical appointments, the fee is \$100. If there have been more than 3 occurrences of this, you may be required to pay a deposit of the appropriate fee at the time of scheduling your pet's appointment.

- **By signing this form, I acknowledge I have read and agree to the missed appointment policy.**

Signature *