



**91 Lawson Road, Leesburg, VA. 20175**  
**Telephone (703) 779-2903 Fax (703) 779-7440**



**CLIENT INFORMATION**

Date: \_\_\_\_\_ Social Security # \_\_\_\_\_ (for check writing purposes)

**Home Telephone** (\_\_\_\_\_) \_\_\_\_\_ **E-Mail** \_\_\_\_\_  
 (e-mail is for Pet Portals)

**Owner's Name** \_\_\_\_\_ **Spouse/Other** \_\_\_\_\_  
 (Person responsible for financial obligations)

**Cell Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Employer Telephone #** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Local Telephone #** \_\_\_\_\_

How did you first hear about us? Yellow Pages \_\_\_\_\_ Brochure/Mailing \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

Individual, someone we may thank? \_\_\_\_\_

**PATIENT INFORMATION**

Species Canine/Feline/Other	Name	Breed	Color	DOB (age)	Sex	Altered	Distemper	Rabies	Other Vax

Is your pet(s) currently protected against heartworm disease? Yes / No      Product? \_\_\_\_\_  
 Is your pet(s) currently protected against fleas/ticks? Yes / No      Product? \_\_\_\_\_

I, the undersigned, authorize the veterinarian(s) and staff employed by Old Mill Veterinary Hospital to examine, prescribe for and treat accordingly up to and including medical surgical procedures for the patient/s specifically described and identified above. I assume responsibility for all charges incurred for services rendered to the patient/s.  
 Also, I understand payment is due when services are rendered. Deposits may be required for some services.  
 There are additional fees assessed for non-payment, returned checks and accounts sent to collection. I understand and agree to pay these fees.

\_\_\_\_\_  
 Signature of Owner or Responsible Agent (18 years or older)  
 Date \_\_\_\_\_

\_\_\_\_\_  
 Witness (OMVH Employee)