



8500 Arlington Blvd.
Fairfax, VA 22031
Main phone: 703-752-9100
Main fax: 703-752-9200

Client Information Sheet

Staff _____

Date _____ Time _____ ☐ AM ☐ PM

Have you ever been here before?

☐ Y ☐ N

Has this pet been here before. ?

☐ Y ☐ N

Did you bring: ☐ Medical Records ☐ Lab Reports ☐ X-Rays (Please provide upon check-in)

Pet Owner Information

Name of Owner _____ Date of Birth _____ Gender ☐ F ☐ M

Address/City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Name of Co-Owner _____

Address/City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Contact person if owner or co-owner of pet if unavailable _____ Phone _____

Patient Information

Patient's Name _____ Species: ☐ Canine ☐ Feline

Breed _____ Color _____ Age _____ ☐ Spayed /Neutered Sex: ☐ Male ☐ Female

Diet or brand fed _____ How often fed _____ When last fed _____

Referring/Regular Veterinarian

(We provide medical updates on your pet to these practices)

Primary Veterinarian _____ Hospital _____

Referring Veterinarian _____ Hospital _____

(If different)

Continued on reverse side

Medical Information

Pet's vaccinations up to date? ☐ Y ☐ N

Year of last rabies vaccine _____

Please describe your pet's current problem:

List all medications currently being administered to this pet (including over-the-counter medications). Please include dosage and frequency of administration.

What type of heartworm preventative and flea/tick preventatives does your pet receive and when did your pet last receive?

Does your pet have any allergies or drug sensitivities? If yes, please list/describe.

Has your pet ever had a previous illness or injury? If yes, please describe briefly.

I understand that payment is due in full is due at the time services are rendered. Should your pet need hospitalization, a prepayment will be required.
The form of payments accepted: cash, check, MasterCard, Discover, American Express or Visa.

Signature of Owner or Responsible Agent _____

Date _____

VCA SouthPaws Veterinary Specialists & Emergency Center / Client Information Sheet