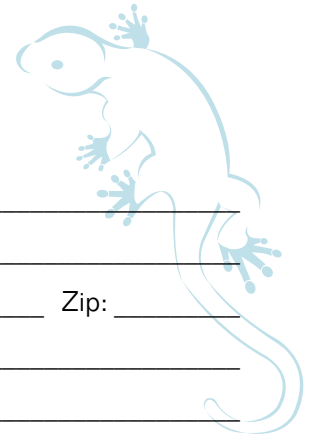


New Patient Information



Thank you for the opportunity to care for your pet.

Owner Information:

Owner's Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone / Other: _____

E-Mail Address: _____

Driver's License Number: _____ State: _____

Co-owner's Name: _____

Co-owner's Phone: Cell Work _____

Have you brought other pets to Pender Exotics? YES NO

How did you find out about Pender Exotics? _____

Who may we thank for this recommendation? _____

If this was a referral, please include the name of the referring veterinarian. _____

Small Mammal

Name: _____

Birth Date: _____

Breed: _____

Sex: Male Female

Neutered? YES NO

Reptile

Name: _____

Birth Date: _____

Species: _____

Sex: Male Female

Color: _____

Bird

Name: _____

Birth Date: _____

Species: _____

Sex: Male Female

Color: _____

Most Recent Vaccinations: Distemper; Date: _____ Rabies; Date: _____

Has your pet had any bloodwork performed? YES NO

If yes, when and what type? _____

Monday – Friday
7:00 AM – 9:30 PM

Saturday
8:00 AM – 6:00 PM



PENDER
Exotics Veterinary
Centre

4001 Legato Road
Suite 200
Fairfax, VA 22033

Tel: 703.654.3100
Fax: 703.654.3109

pendervet.com

Payment Policy

Payment is due at the time of your visit. We accept cash, personal checks, VISA, MasterCard and Discover. Deposits are required for extensive medical and surgical procedures as well as any hospitalized visits.

Client Consent

I hereby authorize the doctors at Pender Exotics Veterinary Centre to examine the above-named animal, and after consultation with me, to treat or perform surgery on this animal. **I understand that I assume all responsibility for fees for services rendered and that those fees must be paid at discharge by cash, credit card or check.**

Signature of Owner (or Parent if owner is under age 18)

Date