

Client ID: \_\_\_\_\_

Entered By: \_\_\_\_\_

# CLOCKTOWER ANIMAL HOSPITAL

2451 Centreville Road, Suite 112 Herndon, Virginia 20171  
(703)713-1200 www.clocktowervets.com clocktowervets@aol.com

## WELCOME!

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### New Client Information:

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # + State \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (Home / Cell / Work) Alt Phone \_\_\_\_\_ (Home / Cell / Work)

Email Address \_\_\_\_\_

Spouse / Co-owner (Circle one) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? (Circle one) :

Google      Yelp      Local Event      Friend/ Referral \_\_\_\_\_ Other \_\_\_\_\_

### New Pet Information:

Name \_\_\_\_\_

Species: Canine / Feline      Sex: Male / Female      Spayed/Neutered? Yes / No

Breed \_\_\_\_\_ DOB \_\_\_\_\_ Color \_\_\_\_\_

If a cat, indoor only or indoor/ outdoor? \_\_\_\_\_

Is this pet covered by pet insurance? If so, name of insurance: \_\_\_\_\_

Name of previous hospital so we can call for medical records: \_\_\_\_\_

*Payment Policy: All fees are due at the time services are rendered. In addition to cash and personal checks, we accept Visa, Mastercard, Discover, American Express, and Care Credit. A deposit may be required for major medical/ surgical cases or trauma/ emergency care. Services requiring hospitalization must be paid in full before the animal may be released. In the event of a returned check or non-payment, I agree to be responsible for any finance, collection, or attorney fees.*

Our hospital is staffed during the following hours:

Monday- Friday: 7 am – 8 pm      Saturday: 8 am – 6 pm      Sunday: 10 am – 4 pm

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Signature of Owner or Authorized Agent

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Date