

Dogs and Cats Veterinary Referral & Emergency

A Division of Beltway Veterinary Cardiology, Inc.

6700 Laurel-Bowie Rd; Bowie, MD 20715

Phone: 301-809-8800 Fax: 301-809-0900

CLIENT INFORMATION FORM

OWNER (PRIMARY CONTACT) INFORMATION

Mr./Mrs./Ms./Dr. (circle one)

Have you been to our facility before? Yes No

Owner Name: First

Last

Email:

Street Address:

City:

State:

Zip:

Primary Phone:

Work Phone:

Other Phone:

SECONDARY CONTACT INFORMATION

Name:

Phone:

PET INFORMATION

Pet Name:

Breed:

Species: Dog

Cat

Sex: Female Male

Is your pet neutered / spayed?

Yes No

Color:

Age:

Does your pet have allergies to medication?

REFERRING/PRIMARY VETERINARIAN INFORMATION*

Name of Clinic: (If Banfield, which location?)

Name of Veterinarian:

*If you were referred by a Veterinarian other than your Primary, please list name of Referring Veterinarian/Clinic below.

LEGAL

You will be advised of the recommended diagnostic procedures and associated costs. Payment is required at the same time your pet is discharged from the hospital. If your pet requires hospitalization, a minimum payment of 100% of the high end estimated charges is required. By signing below I authorize Dogs & Cats Vet Referral to charge my credit card used for the deposit for any remaining balance due, if no other form of payment is given.

STATEMENT OF OWNERSHIP AND CONSENT:

I am the owner of the above described pet, or, I am acting as an agent and have authorization from the owner to consent to its treatment.

I am at least 18 years of age. **(PHOTO ID REQUIRED)**

I accept full financial responsibility for these services.

I give DCVR permission to administer CPR to the above referenced pet if necessary. Yes____ No____

Signature: _____ Date: _____

We accept: CASH, VISA, MASTERCARD, DISCOVER, AMEX, CARE CREDIT AND CHECK (with ID)

**** Please return this form to the front desk when completed! ****