



Elpaw Veterinary Clinic  
33 S. Pickett St.  
Alexandria, VA 22304  
703-751-3707

**Client Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

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

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Spouse/Co-owner \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse/Co-owner Email Address \_\_\_\_\_

Would you like to receive text message or email alerts about upcoming appointment dates?  
(please circle one)

Text      Email      Both      No thanks

**Animal Information**

PATIENT NAME: \_\_\_\_\_

Species: (please circle one)    Cat    Dog    Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Color(s) \_\_\_\_\_ Neutered? (please circle one)    Yes    No

PATIENT NAME: \_\_\_\_\_

Species: (please circle one)    Cat    Dog    Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Color(s) \_\_\_\_\_ Neutered? (please circle one)    Yes    No

*NOTICE: Twenty-four hour care is not available on premises. Should an animal require continuous care, the owner will be contacted and arrangements made for monitoring at an emergency clinic at the owner's expense. Transportation will be the responsibility of the owner.*

*Doctor and staff hours: Weekdays 8:00am to 6:00pm; Saturdays 8:00 am to 1:00 pm*

*Payment: I assume financial responsibility for all charges incurred to the patient(s) for the services rendered and understand that full payment is required upon discharge.*

\_\_\_\_\_  
Signature