

Vaccine Site Associate Reactions  
Please read the following before filling out this packet.

Dear Clients,

Due to our concern for injection site reactions that may lead to tumors, we have changed our current recommendation from the use of a three year rabies vaccine for cats to the use of an annual vaccine using Merial's Pure Vax. This vaccine has not been associated with injection site tumors. Owners may still elect to utilize a three year vaccine and it should be noted that among our patients who have received a three year rabies vaccine, very few have exhibited tumors.

Sincerely,

Robert L. Miller, DVM  
Hospital Director  
Reston Animal Hospital

Cat Form: Online Version

**Information about your cat:**

Name \_\_\_\_\_

Is your cat a:

Domestic Shorthair  Domestic Longhair  Purebred

If he/she is a purebred, what breed? \_\_\_\_\_

Color(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male  Female  Neutered? Yes  No  Unknown

How long have you had your cat? \_\_\_\_\_

Where did you get your cat? Pet store  Shelter  Private Breeder

Other source  \_\_\_\_\_

If you purchased your pet from Fox Mill Pets, will we be your pet's primary doctor? Yes  No  Undecided

Is your cat indoors  Outdoors  Both

Is your cat declawed? Yes  No

Does your cat have a tendonectomy? Yes  No

Does your pet have a microchip? Yes  No

If yes, what is the number? \_\_\_\_\_

We need to update your cat's vaccine history in our computer. If you have past records, please bring them with you. Otherwise, we would be happy to contact your last Veterinarian's office to get them for you.

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Any allergies, illnesses, or conditions we need to be aware of:

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Owner's Form

Date \_\_\_\_\_

New Client \_\_\_ Established Client \_\_\_\_\_

How did you hear about us? Drive By  Internet

Phone Book  Shelter  Fox Mill Pets  Just Pets

Referral By \_\_\_\_\_

If a client of our referred you, please list their name. We'd love to thank them!  
Regarding the following information, the address listed below is where we will send reminders and updates. IF you move or change phone numbers, please contact us so we can keep our records current. If you leave the area, notify us so we can send your records to your new veterinarian.

**Please write legibly.**

Information about you, the owner, the party responsible for medical decisions and payment on the account:

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Military Rank \_\_\_\_\_

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

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_

Information about your spouse/fiancé/significant other

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Military Rank \_\_\_\_\_

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

Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact Name & # \_\_\_\_\_**

## Financial Agreement Clause

I am aware that payment is due at the time services are rendered for all elective goods and services scheduled and rendered. Reston Animal Hospital does not offer billing and will not carry balances for scheduled goods and services. There is a monthly charge of \$10.00 for any balance not paid in full at point of service. There is a service charge of \$25.00 for any returned checks.

For any balance due that is not paid in a timely fashion, I understand that I will be responsible not only for the balance due, but for any collection and/or reasonable attorney's fees that are incurred in the attempt to collect the debt.

We accept cash, Mastercard, Visa, Discover, and American Express. Checks are accepted with a valid photo ID only.

We require one hour cancellation notice prior to the appointment time. Failure to notify us will result in a \$25.00 fee.

Signature\_\_\_\_\_Date\_\_\_\_\_

Veterinary Disclosure Form  
Virginia Code 54.1-3806.1

Reston Animal Hospital maintains the following business and medical hours:

Monday through Friday 8:00am to 7:00pm  
Saturday 9:00am to 3:00pm  
Sunday & Major Holidays Closed

This informs you that we have no in-house, on duty continuous medical staff care during the following hours. The hospital is equipped with a burglar alarm and a fire detection system.

Monday through Friday 7:00pm to 8:00am  
Saturday through Monday 3:00pm to 8:00am

On Saturday, Sunday, and Holidays, the kennel personnel provides animal care under professional supervision.

I have read this form and I am aware of the above staffing hours.

Signed \_\_\_\_\_  
Date \_\_\_\_\_