

**Dogs and Cats Veterinary Referral**  
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 INFORMATION**

Have you been to our facility before? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about us?	
		Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Pet Lovers Companion <input type="checkbox"/>	
Mr./Mrs./Ms./Dr. (please circle one)			
Name First <span style="float: right;">Last</span>		Name of additional authorized agents:	
Street Address:			City:
State:	Zip:	Home Ph:	Work Ph: <span style="float: right;">Cell Ph:</span>
Email:		Place of Employment:	

**PET INFORMATION**

Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline		Breed:	
Pet Name:	Sex:	Is your pet castrated or spayed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Color:	Birthdate/Approx. Age	Does your pet have allergies to medication?	
Who is your Primary Veterinarian?		Clinic Name:	

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

**LEGAL STUFF**

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.
- 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: \_\_\_\_\_

**PAYMENT OPTIONS**

We accept CASH, CHECK, VISA, MASTERCARD, DISCOVER, BANK CHECK CARD, OR CARE CREDIT