

The Animal Clinic of Clifton

Dr. Raymond Van Lienden
12702 Chapel Road
Clifton, VA 20124
703-802-0490

Client Information

Owner's Name (Last Name First) _____
Spouse/Other _____ Children's names _____
Address _____
City _____ State _____ Zip _____ Apt Number _____
Home Phone (_____) _____ Cell Phone (_____) _____
Employer _____ Work Phone (_____) _____
Which number is best to reach you at in the event of an emergency? _____

Pet Information

Name _____ Circle One: Cat Dog Other: _____
Breed _____ Color/Markings _____
Circle Appropriate Selection: Male Neutered or Intact / Female Spayed or Intact
Birth Date or Age _____
Previous veterinarians where past records can be obtained if necessary _____

Is your pet currently taking any medications including heartworm and flea and tick preventative? If so, please list those medications, with the dosages, if known: _____

What do you feed your pet? _____

Does or has your pet had any major surgeries, behavioral problems, or illnesses that we should know about? _____

Authorization

I, the undersigned, hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet or other pets within my care. I assume responsibility for all charges incurred in the care of the animal(s). I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED and that a deposit may be required for surgical or hospitalized treatments.

Date _____ Signature of Owner or Agent _____