



# Waldorf Animal Clinic

Charles County Veterinary Hospital

2242 Old Washington Road  
Waldorf, MD 20601  
(301) 843-2666

Today's Date \_\_\_\_\_

### 1. Owner Information

Owner Name \_\_\_\_\_ Spouse on Record \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Home or Cell (circle one)

Alternate Phone \_\_\_\_\_ Home or Cell (circle one)

E-mail Address \_\_\_\_\_

### 2. Pet Information

What pets reside in your household?

Name \_\_\_\_\_ Species/Breed \_\_\_\_\_ M / F S / N Age/DoB \_\_\_\_\_

Name \_\_\_\_\_ Species/Breed \_\_\_\_\_ M / F S / N Age/DoB \_\_\_\_\_

Name \_\_\_\_\_ Species/Breed \_\_\_\_\_ M / F S / N Age/DoB \_\_\_\_\_

*\*Use reverse to list any others.*

### 3. Payment Information

Do you have pet health insurance?  Yes  No

How did you hear about us?  Internet  Humane Society  Yellow Pages

Hospital Sign  Previously a Client  CCVH

Other \_\_\_\_\_  Friend/Relative: Whom may we thank? \_\_\_\_\_

Preferred Payment Method  Cash  Check  Credit Card  Care Credit

Driver's License No.\* \_\_\_\_\_ *\*Required for check writing privileges.*

Payment is expected in full when services are rendered. Accepted methods of payment are cash, checks, MasterCard, Visa, Discover, American Express, and Care Credit. Payment plans are not available. There will be a \$35 fee for any returned checks and a minimum \$2.00 finance charge per month on all outstanding balances. Should your account be placed for outside collections, you will be charged reasonable collection costs which may include, but are not limited to, collection agency fees, court costs, attorney fees, etc.

**By signing below, I grant Waldorf Animal Clinic permission to text my cell phone regarding information about my pet.** Initial to Decline \_\_\_\_\_

**By signing below, I grant Waldorf Animal Clinic permission to use my pet's picture and name on social media.** Initial to Decline \_\_\_\_\_

\_\_\_\_\_  
*Signature of Pet Owner*

\_\_\_\_\_  
*Date*