



Eastern Exotic Veterinary Center  
 4001 Legato Road  
 Fairfax, Virginia 22033  
 (703) 654-3100

## New Patient Information

Owner's Name \_\_\_\_\_  
 Owner's Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Owner's Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_  
 State \_\_\_\_\_

Co-owner's Name \_\_\_\_\_  
 Co-owner's Phone (\_\_\_\_\_) \_\_\_\_\_

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 Have you brought other pets to EEVC? YES NO

**How did you find out about Eastern Exotic  
 Veterinary Center?** \_\_\_\_\_

**Whom may we thank for this recommendation:**  
 \_\_\_\_\_

### Small Mammal

Name \_\_\_\_\_  
 Birth Date \_\_\_/\_\_\_/\_\_\_  
 Breed \_\_\_\_\_  
 Sex M \_\_\_ F \_\_\_  
 Neutered? YES NO  
 Color \_\_\_\_\_

#### Most Recent

Rabies \_\_\_/\_\_\_/\_\_\_  
 Distemper \_\_\_/\_\_\_/\_\_\_

### Reptile

Name \_\_\_\_\_  
 Birth Date \_\_\_/\_\_\_/\_\_\_  
 Species \_\_\_\_\_  
 Sex M \_\_\_ F \_\_\_  
 Color \_\_\_\_\_

Has your pet had any bloodwork performed? YES NO

If yes, when and what type? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### Bird

Name \_\_\_\_\_  
 Birth Date \_\_\_/\_\_\_/\_\_\_  
 Species \_\_\_\_\_  
 Sex M \_\_\_ F \_\_\_  
 Color \_\_\_\_\_

### Payment Policy

Payment is due at the time of your visit. We accept cash, personal checks, VISA, MasterCard and Discover. Deposits are required for extensive medical and surgical problems that require hospitalization of your pet.

### Client Consent

I hereby authorize the doctors at Eastern Exotic Veterinary Center to examine the above-named animal, and after consultation with me, to treat or perform surgery on this animal. **I understand that I assume all responsibility for fees for services rendered and that those fees must be paid at discharge by cash, credit card or check.**

Business hours are as follows:

Monday – Friday: 7:00 AM – 8:00 PM  
 Saturday: 8:00 AM – 5:00 PM

Responsible Client / Agent

Date