

Anne Chiapella, DVM, Diplomate ACVIM
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Client Registration Form

Owner's Name: _____ **D.L. #:** _____
Address: _____ **Best Phone:** _____
_____ **Phone 1:** _____
E-Mail Address: _____ **Phone 2:** _____
Employer: _____ **Fax:** _____

Referring Veterinarian: _____
Clinic Name: _____
Clinic Phone: _____ **Clinic Fax:** _____

Patient's Name: _____ **Breed:** _____ **DOB:** _____ **Age:** _____
Color & Markings: _____ **Sex:** _____ **Neutered/Spayed:** _____

Medical History: _____

Are all vaccinations current? _____

Housing	Indoors / Outdoors _____	Indoors only _____	Outdoors Only _____
Activity Level	Normal _____	Increased _____	Decreased _____
Appetite Level	Normal _____	Increased _____	Decreased _____
Water Intake	Normal _____	Increased _____	Decreased _____

Diet / Type of Food/ Brand: _____

Observed Symptoms: (Check all that apply)

Vomiting _____	Fainting _____	Bloody Discharge _____	Additional Comments: _____
Diarrhea _____	Coma _____	Bleeding _____	_____
Cough _____	Collapse _____	Lameness _____	_____
Blindness _____	Seizures _____	Difficult Breathing _____	_____
Deafness _____	Itching _____	Difficult Urinating _____	_____

Has patient been exposed to any sick animals? _____

Has patient suffered any trauma (i.e, car accident)? _____

Has patient traveled outside the MD, VA, DC area? If so, where? _____

Brief statement of current medical problem(s): _____

I hereby authorize Dr. Anne Chiapella, Dr. Nichole Birnbaum, Dr. Todd Deppe and their assistants to administer diagnostic procedures, tests, and treatments following the initial exam and after being discussed with the owner / responsible agent beforehand. I also consent to the administration of medical treatment(s) necessary in an emergency situation and to the release of medical information.

I hereby certify that I have read and fully understand the above authorization for medical treatment. I assume financial responsibility for all professional fees and agree to pay at the time services are rendered. If payment is not made, I agree to interest charged at 18% per annum, all necessary attorney's fees at a 33 1/3% of the total amount due, court costs and late fees.

Signature of Owner / Responsible Agent

Date