



7601 Good Luck Rd. • Lanham, MD 20706
 Phone (301) 552-3800 Fax (301) 552-4347
 www.a-paw.com

Welcome to A.P.A.W.

Client Information

Date _____ Title _____ Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip Code _____

P.O. BOX NOT ACCEPTABLE

Home Telephone _____ E-Mail Address _____

Owners Cell Phone # _____ Spouse/Others Cell Phone # _____

Employer _____ Work Telephone # _____

Spouse/Other's Employer _____ Spouses/Other's Work # _____

Owner's Date of Birth _____ Spouse/Other's Date of Birth _____

Emergency Contact Person & Local Telephone # _____

REQUIRED INFORMATION

Owner's Driver's License # _____ Owner's Social Security # _____

Spouse/Other's Driver's License # _____ Spouse/Other's Social Security # _____

How did you hear of our services? Hospital Sign Verizon Yellow Pgs. Community Pages Yellow Book Internet

Personal Recommendation (someone we may thank) _____ Other _____

Reasons for choosing APAW over other hospitals in the area _____

How would you like to be reminded of future recommended preventative health care services? Mail E-mail Phone

Patient Information

Date of last vaccinations _____

Pet's Name	Birth Date	Sex	Spayed/ Neutered	Species	Breed	Description	Rabies	Distemper	Leukemia	Heartworm	Other

To prevent the spread of infectious diseases and parasites, hospitalized and boarded patients must be current on all vaccines and free of internal and external parasites.

**** Please see reverse side ****

Office Policies and Procedures

Please read and sign below

- Payment is due at the time services are rendered. A deposit is required in advance for major surgery and/or extensive treatment. For your convenience, we accept cash, Visa, MasterCard, American Express and Discover. We accept checks from established clients only. There is a \$25.00 fee for any returned checks. If balances are not paid and require collection processing, you will be responsible not only for the balance due, but also any collection and/or attorney fees incurred in collecting this debt.
- Our office adheres to a late policy of 15 minutes. If you arrive more than 15 minutes after your pets scheduled appointment, you may be asked to reschedule your appointment.
- Our office requires a 24-hour notice for cancellation. If an appointment is not cancelled, your account will be charged an examination fee after two "no show" appointments and payment will be due upon your next visit.
- Medical record requests require 3 days to process. There is a fee associated with this process as mandated by Maryland state law. Our fee is \$14.95.
- All patients require an appointment to be seen. Walk-ins will be seen on an emergency basis and an emergency exam fee will be charged.
- Any after-hours emergencies will be directed to the local emergency hospitals. These telephone numbers are available on our after-hours answering system.
- All prescription refills require 24-hours notice. All food refills require 5 – 7 days to process. All information must be left with a receptionist or on our prescription/ food refill line. Failure to do so may result in the delay of your prescription/food refill.

I, as the Responsible Party, acknowledge that I have read and fully understand the above information.

Signature of Responsible Party

Date

staff initials

Signature for subsequent visits if no changes:

Signature of Responsible Party

Date

staff initials

Signature of Responsible Party

Date

staff initials

Signature of Responsible Party

Date

staff initials