

Great Paws Veterinary Services Welcome Sheet

PO Box 151
Great Falls VA 22066
703-389-9335
Greatpawsvet@gmail.com

Name: (last, first) _____

Address: _____

Phone (____) _____ Cell (____) _____ Other

Email: _____

Employer: _____

Secondary Contact Name (last, first): _____

Phone (____) _____

Pet's Name: _____

Dog/Cat: _____

Male/Female: _____ Neutered/Spayed/Intact (circle one)

Birthday (age if unknown): _____

Breed: _____

How long have you owned this pet? _____

Current medications including preventatives: _____

Number of pets in home (specify type): _____

How did you hear about us: _____

Please note that Great paws Veterinary Services does not provide continuous medical care for your animal beyond our hours of operation.

Please review our hours listed below:

Monday: CLOSED
Tuesday: 11:00am-7:00pm
Wednesday: 8:00am-6:30pm
Thursday: CLOSED
Friday: CLOSED
Saturday: Office hours by appointment only
Sunday: Office hours by appointment only

I hereby authorize Great Paws Veterinary Services to examine, prescribe for, and/or treat the pet that I have described above. I assume responsibility for all charges incurred during the care of the animal. I acknowledge that all professional fees are due at the time services are rendered. I have read and understand the practice hours listed above.

Signature: _____ Date: _____