



# Tango Animal Hospital





11213 Lee Hwy, Suite N, Fairfax, VA 22030  
p. 703-877-0701 • f. 703-877-0705  
tango@petdepot.net

## New Client Information

Thank you for using Tango Animal Hospital for your pets visit! The following information will be used to help our veterinary team diagnose your pet.

Visit our website [www.tangoanimalhospital.com](http://www.tangoanimalhospital.com)

Like us on 

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### CLIENT INFORMATION

Your Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Spouse's Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Can we text you for reminders? Yes No

### PET INFORMATION

Pet Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Date of Birth / Age \_\_\_\_\_

Sex: Male Female Spayed Neutered

Does your pet have previous medical records from another veterinarian? Yes No

What medications or supplements is your pet receiving? \_\_\_\_\_

What previous medical condition does your pet have? \_\_\_\_\_

What flea, tick, heartworm preventive is your pet receiving? \_\_\_\_\_

Is your pet microchipped? Yes No

### HOW DID YOU HEAR ABOUT US?

Website Flyer Sign/Drove By Other \_\_\_\_\_

Personal Referral: Who may we thank? \_\_\_\_\_

### SOCIAL MEDIA

Within the context of promoting our business and pet health, we would like to use images, videos and/or information about your pet. Do you wish your pet to participate on our social media sites? Yes No

### PAYMENT POLICY

We accept cash and Credit Cards. **We do not accept checks.** Payment is expected when services are rendered. We will gladly prepare you a written estimate of services prior to the treatment of your pet, if you desire.

I realize and understand that I am financially responsible for the care and treatment of my pet(s). I further agree that in the case of non-payment, a finance charge or interest fees and collections fees will apply.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

**PET INFORMATION (IF NEEDED)**

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth / Age \_\_\_\_\_ Sex: Male Female Spayed Neutered

Does your pet have previous medical records from another veterinarian? Yes No

What medications or supplements is your pet receiving? \_\_\_\_\_

What previous medical condition does your pet have? \_\_\_\_\_

What flea, tick, heartworm preventive is your pet receiving? \_\_\_\_\_

Is your pet microchipped? Yes No

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