

Virginia Beach Veterinary Hospital

CLIENT INFORMATION

Your name: _____ Spouse: _____

Other authorized to seek treatment: _____

Address: _____

City, State, Zip code _____

Home phone: _____ Cell: _____

Email address: _____

Emergency contact name and number: _____

How do prefer to be contacted for appointments or reminders? US Mail Email Call home
 Text message Call cell

How did you hear of us? Yellow pages Sign/Drive By Promotion
 Professional Referral or Friend Whom may we thank? _____

PET INFORMATION

Name: _____

Species: Dog Cat Bird Rabbit Reptile Amphibian Small mammal

Breed: _____ Color: _____

Birthday (or age): _____ Microchip # _____

Sex: Male Male/Neutered Female Female/Spayed Unknown

Please Note:

- Payment Policy: PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED...We do not do billing. We honor VISA, MasterCard, American Express, Discover, and Care Credit. If you pay by check, we must see your driver's license, Military ID, or other form of photo identification. _____ Initial
- We will gladly prepare an ESTIMATE for any visit if you desire.
- ***PROMISSORY NOTE***For all services rendered and other valuable consideration, receipt acknowledged, I agree to pay all professional fees and further agree to pay all costs of collection including attorney's fees (33.3%). I agree to VBVH's payment policy, am 18 years old or older, and am the owner of this animal or have full authority to request services for this animal.

Signed: _____

Date: _____

Thank you for choosing our hospital to care for your pets!

Virginia Beach Veterinary Hospital Disclosure Form

****PLEASE READ CAREFULLY BEFORE SIGNING****

Virginia Beach Veterinary Hospital has the following business and medical staffing hours:

Monday-Thursday	8:00am to 6:00pm
Friday	8:00am to 5:00pm
Saturday	8:00am to 12:00pm
Sunday and Holidays	CLOSED

This is to inform you that we have no "in-house", on duty, continuous, medical staff/care supervision **except** for the above mentioned hours. Any boarding, sick, injured, or recuperating animals that are in our facility during our **non-staffing** hours **do not** have continuous supervision. We do, however, have additional staffing hours set-up at intervals determined by the doctor to treat and care for these patients and boarders in addition to our business hours.

If this schedule is not acceptable to you, you may:

1. Take your pet home and return the next working day to continue treatment. The emergency clinic is available if a problem develops.
2. Take your pet directly to the emergency clinic for monitoring during the hours that we are not available.

If the doctor feels that one of the above alternatives is more appropriate or advisable for your pet, he/she will make that recommendation. This disclosure form is a requirement by the Commonwealth of Virginia Department of Health Professions. This form must be signed before we can admit your pet for treatment or boarding. Please feel free to ask any questions if you do not understand this policy.

ALSO:

As of July 2007, the State of Virginia will be enforcing legislation (3.1-796.87:1) mandating that all rabies certificate information be forwarded to the Treasurer's Office. We will provide ONLY the REQUIRED information. This is their effort to insure that all animals obtain the REQUIRED dog or cat license.

I have read this form and am aware of the above staffing hours and rabies certificate policy.

Signed: _____

Date: _____