

Virginia Beach Veterinary Hospital

CLIENT INFORMATION

Owner's Name: _____ Spouse's Name: _____
Owner's Phone: _____ Spouse's Phone: _____
Home Phone: _____ Work Phone: _____
Owner's Birthdate: _____ Email: _____
Address: _____

Emergency Contact: _____

PET INFORMATION

Please fill out one for each pet. Do not put multiple pets' information on one sheet.

Name: _____ Age or Date of Birth: _____
Species: Dog Cat Bird Rabbit Reptile Amphibian Small Mammal
Breed: _____ Color: _____
Microchip Number: _____
Sex: Intact Male Neutered Male Intact Female Spayed Female Unknown

PAYMENT POLICY

Professional fees are due at the time services are rendered. We honor Visa, Mastercard, Discover, American Express, and Care Credit. If you pay by check, we must see your driver's license, military ID, or other form of photo identification.

We will gladly prepare an estimate for any visit if you desire.

Promissory Notes: 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 Virginia Beach Veterinary Hospital's payment policy, am 18 years or older, and am the owner of this animal or have full authority to request services for this animal.

Signature: _____ Date: _____

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Disclosure Form

****Please read carefully before signing****

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

Monday – Thursday	8:00 AM – 6:00 PM
Friday	8:00 AM – 5:00 PM
Saturday	8:00 AM – 12:00 PM
Sunday and Holidays	CLOSED

This is to inform you that we have no “in-house”, on duty, or continuous medical staff or 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 either take your pet home and return the next working day to continue treatment or take your pet directly to an emergency hospital for monitoring and treatment while we are not available. If a doctor feels that one of these alternatives is more appropriate or advisable for your pet, that will be recommended to you in a reasonable amount of time. 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.

Code of Virginia (sec. 3.2-6521) requires owners if all dogs and cats 4 months or older to have them vaccinated for rabies. Therefore, all dogs and cats 4 months of age and older that are receiving services at Virginia Beach Veterinary Hospital will need to provide proof of a current rabies vaccine. If unable to provide proof, your pet may need to be vaccinated during the visit today.

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

Signature: _____ Date: _____