



Thank you for giving us the opportunity to care for your pets. Date \_\_\_\_\_  
 So that we may become better acquainted, please complete the following. Account \_\_\_\_\_

**CLIENT INFORMATION**

Owner(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 \_\_\_\_\_ Employer(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Email Addr(s) \_\_\_\_\_  
 City/St/Zip \_\_\_\_\_  
 County \_\_\_\_\_

<b>PATIENT INFORMATION</b>	<b>Pet #1:</b>	<b>Pet #2:</b>	<b>Pet #3:</b>
What is your pet's name?			
What is your pet's breed and color?			
What is your pet's birthdate or age			
Male or Female? Spayed or Neutered?			
What is the primary reason for today's visit?			
Has your pet had a serious illness or injury?			
Any allergies to vaccinations or medications?			
Any medications given in past 7 days?			
Is the pet current on his/her Rabies vaccine?			
Is your pet current on other vaccines?			
Heartworm Test done in past year (dog)?			
Have you observed fleas/ticks on your pet?			
Do you feel your pet may need a muzzle?			
Does your pet have a microchip?			
Name of current or previous veterinarian?			
Permission given to obtain medical records?			

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. PLEASE CHECK YOUR PREFERRED METHOD OF PAYMENT BELOW.

We will prepare a written estimate if you desire. Please ask the receptionist or doctor.

Please indicate choice of payment: \_\_\_ Cash \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Amex \_\_\_ Care Credit

Driver's License # \_\_\_\_\_

I AM RESPONSIBLE AND AGREE TO PAY IN FULL THE TOTAL CHARGES FOR SERVICES RENDERED AT THE TIME OF DISCHARGE AND ANY FEES INCURRED FOR COLLECTION OF SAID CHARGES. I UNDERSTAND THAT THE FEES ARE BASED ON TREATMENT DEEMED NECESSARY AT THE TIME OF EXAM, TREATMENT OR ADMISSION AND THAT THE ESTIMATE FEE MAY BE RAISED OR LOWERED BY THE ADMINISTRATION OF TREATMENT, MEDICATION, SURGERY OR DIAGNOSTIC TEST.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person presenting this pet for treatment if other than owner \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Full Address \_\_\_\_\_

**CLIENT INFORMATION****VIRGINIA VETERINARY DISCLOSURE FORM**

It is required by Virginia law that the owner of any animal left at any veterinary hospital in the Commonwealth of Virginia read and sign this form.

Lake Anna Veterinary Hospital is a full service hospital providing a wide range of services including medical, surgical, and dental care.

Our business and medical staffing hours are as follows:  
Monday and Thursday 7:30AM-7:30PM  
Tuesday, Wednesday and Fridays through Friday 7:30 AM to 6 PM  
Saturday 9 AM to 12 PM

We do not schedule regular business or medical hours on Sundays and major holidays, but our veterinary and support staff are present to perform all necessary medical care as well as provide exercise, cleaning and feeding for all animals in the hospital.

Therefore, this is to inform you that we have no in-house, on-duty continuous medical staff care (1) Overnight from closing time at 6 or 7:30 PM to opening time at 7:30 AM and 8:30 AM on Saturdays (2) Weekends from closing time Saturday at 1:30 PM to opening time Monday morning at 7:30 AM (3) Holidays from closing time before the holiday at 6 or 7:30 PM to opening time the day after the holiday at 7:30 AM (4) Holidays falling on Monday, from closing time Saturday at 1:30 PM to opening time on Tuesday at 7 AM.

However, veterinary care is provided every day (including Sundays and holidays) during non-staffed hours. In other words, at least one of our veterinarians is responsible for observing and treating our hospitalized patients as needed during all non-staffed hours. The frequency of these visits is determined by the veterinarian on duty. Around the clock veterinary care is available at VRCC in Manakin Sabot Virginia or another 24 hours facility of your choice. This service may be recommended to you by our veterinarians or you may request this service at any time. Our goal is to provide the best quality, full service veterinary care available.

Our veterinarians are dedicated to providing treatment for all hospitalized animals whenever required every day (and night) of the year. If you have any question about this or any other matter related to your pet's care please ask to speak with the veterinarian.

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

Date: \_\_\_\_\_ Signed: \_\_\_\_\_