



FOR OFFICE USE ONLY
DATE: _____
CLIENT #: _____
RECEPTIONIST: _____

Welcome to our hospital and thank you for giving us the opportunity to care for your pet!

Owners: _____

****If you are NOT the owner, you are expected to be financially responsible for the pet****

Full address: _____
Street Apt City State Zip code

Valid driver's license OR social security number: _____

Primary contact number: _____
Home Cell Other

Email address: _____
(we do NOT give /sell any information. We will send your pet's reminders via US mail)

Employer name & phone number: _____

Name of pet #1: _____ Male / Female Dog or Cat (circle one)

Breed: _____ Color: _____ Spayed or neutered Y / N

Approx. age or date of birth: _____ Any previous vaccinations: Y / N

Name of pet #2: _____ Male / Female Dog or Cat (circle one)

Breed: _____ Color: _____ Spayed or neutered Y / N

Approx. age or date of birth: _____ Any previous vaccinations: Y / N

I give authorization for the doctors of Dog & Cat Hospital to examine, treat and prescribe for the above listed pet(s). I assume total responsibility for all charges incurred for the care my pet(s). I understand payment is due in full upon completion of services. Should it become necessary to collect fees through a collection agency, I, the undersigned agree to pay all costs of collections, including attorney fees.

Please indicate preferred method of payment: Cash Check (with I.D.) Credit Card Care Credit

Signature _____ Date _____

visit us at www.DogandCatHospitalNorfolk.com

COMMONWEALTH OF VIRGINIA



In June 1998, the Virginia General Assembly passed the following amendment for veterinary facilities that they require a separate disclosure form for staffing hours.

Any animal medical care facility in the Commonwealth, excluding ones dealing with livestock, which does not provide continuous medical care for all animals left in it's charge shall, before taking charge of an animal, provide the client or agent thereof with a disclosure form which specifies the hours and days when continuous medical care is not available at the facility. Such form shall be separate and apart from any other form or information provided by the facility. Except in emergency situations when time or circumstances does not permit, such facilities may take charge of an animal only after the client or agent thereof has signed the disclosure form and returned it to the facility. One signed form shall be required and the form shall be kept on file by the facility.

**It is required by state law that you sign a disclosure form before leaving your pet overnight for treatment or boarding.

The hospital's full medical and business hours are:

Monday – Friday	8 a.m. – 5:30 p.m.
Saturday	8 a.m. – 12 noon

The hospital is **NOT** fully staffed during the following hours:

Nightly – Monday – Friday	5:30 p.m. – 8 a.m.
Weekends: Saturday – 12 noon until Monday	8 a.m.

Observed holidays: New Years Eve, New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Eve and Christmas Day

Signature

Date

**Refusal to sign will give Dog & Cat Hospital authorization to verbally advise you of the contents of this form, why it is required and hospital personnel may initial on the signature line that you were verbally advised because of refusal to sign.

Dog and Cat Hospital 238 W. 21st St., Norfolk, Va. 23517 1-757-622-1788