

Client Information sheet

Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Method of Payment

Cash \_\_\_\_\_  
Check \_\_\_\_\_  
Credit Card \_\_\_\_\_  
Care Credit

I assume responsibility for all charges incurred in the care of my animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical and/or major medical treatment. I agree to pay all costs including collection and/or attorney fees at 33.3 %, and 18% interest from the due date and all court costs.

**Owner/responsible party signature:** X \_\_\_\_\_

**Additional parties authorized to bring in animals (spouse, relative):**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

PET INFORMATION

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Description: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered \_\_\_\_\_ Spayed \_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_ What type? \_\_\_\_\_

Does your pet have any major medical problems? \_\_\_\_\_

# Virginia Veterinary Disclosure Form

(Please Read Carefully Before Signing)

ADDISON ANIMAL HOSPITAL, PC

Has business and medical staffing hours as follows:

Monday through Friday*	8:00 a.m. to 6:00 p.m.
Saturdays* (1 <sup>st</sup> & 3 <sup>rd</sup> of the month)	8:00 a.m. to 12:00 p.m.
Sundays and Holidays	CLOSED

Therefore, this is to inform you that although our doctors and staff still come in to care for your pet, we have no in-house, on-duty continuous medical staff care overnight, on weekends, after closing, or on holidays. Should your pet need constant medical supervision, you may transport your pet to the Animal Emergency and Critical Care of Lynchburg.

\*Although offices may be open during these hours the doctor may not be available at all times during these hours.

It is against the law to abandon your pet in the state of Virginia. If your pet is not picked up on the date you have specified, then we will attempt to contact you over the next ten days. If no contact has been made at that time the pet will become property of Addison Animal Hospital and will be handled according to our best judgement. Abandonment does not release you from responsibility of paying for services rendered.

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

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Pet Owner/Pet's Guardian