

Varina Veterinary Clinic

Client Information

Name: _____

First Name

Middle Initial

Last Name

Home/Cell Phone: _____ SSN/VADL: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____

Spouse's Name: _____ SSN/VADL: _____

Occupation: _____ Work Phone: _____

E-mail Address: _____

Pet Information

#1. Name: _____ Date of Birth: _____

Breed: _____ Color and Markings: _____

Sex: _____ Spayed/Neutered? _____ Long or Short Hair? _____

Previous Veterinary Hospital: _____

Is your pet up to date on vaccinations? _____

Any previous health or behavioral problems? _____

#2. Name: _____ Date of Birth: _____

Breed: _____ Color and Markings: _____

Sex: _____ Spayed/Neutered? _____ Long or Short Hair? _____

Previous Veterinary Hospital: _____

Is your pet up to date on vaccinations? _____

Any previous health or behavioral problems? _____

How did you hear about us? _____

(Personal recommendation, Internet search, Facebook, Hospital sign, Phone Book)

Do we have your permission to use your pets photo on our Facebook, Twitter and/or Instagram pages? _____

Client/Owner Signature

Date

VARINA VETERINARY CLINIC

PAYMENT POLICY

Varina Veterinary Clinic Inc. requires payment in full at the end of the examination and/or at the time of discharge. As a valued client and to ensure your pet receives the best care possible, we accept cash, check, Visa[®], MasterCard[®], American Express[®], Discover Card[®] and CareCredit[®].

If special arrangements (due to life threatening emergencies to the pet) are made - a monthly interest rate will be incurred. In the event a delinquent account is referred to an attorney for collection I agree to pay all court costs, attorney fees of 33.3% of the balance due and interest at a rate of 18% per annum. By signing below, you agree to the foregoing terms of payment. If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Client/Owner Signature

Date

Client/Owner Signature

Date

There is a 3.5% fee for credit cards.
Fee does not apply to cash, checks,
care credit or debit.

Signature: _____

VARINA VETERINARY CLINIC

BUSINESS HOURS AND DISCLOSURE

Our business hours are as follows:

Monday & Tuesday: 7:30 AM – ~~7:00 PM~~ 6 pm

Wednesday - Friday: 7:30 AM – 6:00 PM

Saturday & Sunday: CLOSED

The hospital is closed on the following holidays:

New Year's Day Memorial Day

Fourth of July Labor Day

Thanksgiving Christmas Day

This is to inform you that we **do not** have continuous medical staffing outside of the above listed hours.

In accordance with State of Virginia Law, Act 54.1-3806.1, effective July 1, 1998, Veterinary practices admitting patients to their facilities must disclose hours of continuous medical care and retain written documentation of owner signature.

I have read and understand the above disclosure form.

Client/Owner Signature

Date