



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

Date _____
Account _____

CLIENT INFORMATION

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

PATIENT INFORMATION	Pet #1:	Pet #2:	Pet #3:
Name			
Breed/Color			
Date of Birth/Age			
Sex/spayed or neutered?			
Any previous serious illnesses or surgeries			
Any allergies to vaccinations or medications			
Special diets or medications			
Rabies vaccine _____			
Distemper vaccine			
Kennel cough vaccine			
Lyme disease vaccine			
Fecal (stool sample)			
Feline leukemia vaccine			
FIP vaccine			
FVRCP vaccine			
Heartworm test/prevention			

Would you like to be present during treatment of your pet(s)? Yes No

How did you become aware of our clinic? Drove By CitySearch Review Website Previous client
 Personal Referral (Whom may we thank?) _____
 Getting Settled Magazine The Fort Lee Traveller ValPak

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

We will gladly 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

****We do not accept checks. Please initial that you are aware of this here: _____****

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 _____ Telephone _____

CLIENT INFORMATION

Virginia Veterinary Disclosure Form

The vetXpress Veterinary Clinic of Short Pump has business hours as follows:

Monday through Friday 7:00 am to 7:00 pm for patient drop-off and pickup.

Saturday Hours are 9:00 am to 6:00 pm.

We are closed Sundays and Major Holidays. We are closed from Noon to 1:00pm everyday.

Doctor's hours are from **9:00 am to 6:00 pm** Monday through Saturday.

This form is to inform you that we have **no** on-duty, continuous medical staff beyond the Doctor's Hours posted.

I have read and understand this disclosure form.

Signature _____ Date _____

Printed Name _____