



New Client Information

Date:	
Name:	
Street Address:	
City, State, Zip:	
Cell Phone:	
Home Phone:	
Work Phone:	
Email Address:	
Employer:	

Client Agreement and Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the pet described above. I assume responsibility for all charges incurred in the care of this animal (Lovingston Veterinary Hospital accepts cash, check, and all major credit cards). I also understand that the balance on my account will be due at the time of release and that a deposit may be required for surgical treatment. Returned checks are subject to a \$50 returned check fee. Financing plans are offered at the sole discretion of Lovingston Veterinary Hospital, and all balances over 30 days old are subject to a monthly finance charge. If it becomes necessary to send an account to collections, the client is responsible for all collection fees incurred.

**I HAVE READ THE STATEMENTS ABOVE AND AGREE TO THE TERMS
STATED:**

X _____

Pet's Name:	
Species:	
Breed:	
Age:	
Sex:	

Pet's Name:	
Species:	
Breed:	
Age:	
Sex:	

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Species:	
Breed:	
Age:	
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Species:	
Breed:	
Age:	
Sex:	

Pet's Name:	
Species:	
Breed:	
Age:	
Sex:	

*Please bring a copy of your pet's medical history with you (if applicable).

Virginia Veterinary Disclosure Form

(Please read carefully before signing)

Lovingston Veterinary Hospital

8151 Thomas Nelson Highway

Lovingston, Virginia 22949

Medical staffing hours are as follows:

Monday - Friday 9:00 AM to 5:00 PM

Business staffing hours are as follows:

Monday - Friday 9:00 AM to 5:00 PM

CLOSED Saturday and Sunday

CLOSED for all major holidays and inclement weather.

I understand that Lovingston Veterinary Hospital has no in-house or on-duty continuous medical staff care overnight from closing time until opening time the next day or any major holidays from closing time before the holiday until opening time the business day following the holiday.

All hospitalized animals are fed and watered, monitored, and treated by the medical staff in the morning and evening when the hospital is not open for regular office hours.

By signing here, I have read this form, am aware of and agree to abide by the hours of operation of Lovingston Veterinary Hospital of Lovingston, VA. If my pet needs around the clock treatment and continuous medical care, I will transfer my pet to an animal hospital offering overnight care by the end of operating hours, on the business day of discharge to care for another facility. This cost is an expense paid by the pet owner to the after-hour clinic of his or her choosing.

Signature:

Date:

§ 54.1-3806.1. Any animal medical care facility in the Commonwealth, excluding those facilities dealing with livestock, as defined in § 3.2-5900, which does not provide continuous medical care for all animals left in its 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 do 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. Only one signed form per client shall be required, and the form shall be kept on file by the facility.