

# Massanutten Animal Clinic

## Client Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Significant other's name/phone: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact Name : \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Who/How did you learn about us? Saw sign Google Website Friend referred

Other \_\_\_\_\_ Referred by? \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_  dog  cat  other

Sex M F spayed/neutered :  yes no Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Last Veterinarian \_\_\_\_\_ Date \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

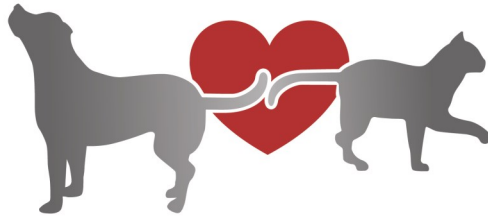
## Payment policy

It is the policy of this clinic to collect payment at the time services are rendered. In the event that it becomes necessary to turn an account over to outside collections, the client agrees to pay all costs of collection. This includes any court costs and 25% of attorney fees that may ensue. All accounts with a balance over 30 days will be assessed a 1.5 % late charge monthly.

## Abandonment Policy

I understand that my pet will be considered abandoned when Massanutten Animal Clinic has not had contact with me within 14 days of the expected date of discharge. Massanutten Animal Clinic is authorized to dispose of my pet as they deem best, including euthanasia. I understand that I am still financially responsible for all charges accrued.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Massanutten Animal Clinic

## Disclosure Form

I understand that Massanutten Animal Clinic is open and staffed during the following hours:

Monday 8-7  
Tuesday 8-5  
Wednesday 8-6  
Thursday 8-5  
Friday 8-5  
Saturday 9-11

Massanutten Animal Clinic is NOT open or staffed during all other hours. Patients are not monitored after normal business hours at this facility. Emergencies are referred to the Veterinary Emergency Services in Verona VA (540) 248-1051.

Signature \_\_\_\_\_

Date \_\_\_\_\_