



Date \_\_\_\_\_

ID# \_\_\_\_\_

**CLIENT INFORMATION SHEET**

Name \_\_\_\_\_  
(Last) (First)

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security/Driver's Lic. # \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Business Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Referred by \_\_\_\_\_

**PAYMENT POLICY**

To keep costs down, **payment is required at time of service.** For your convenience we accept Cash, MC, Visa, Discover, American Express and personal checks with a valid Driver's Licence or Social Security #.

**◆ Virginia Veterinary Disclosure Form ◆**

Seven Bends Veterinary Hospital has business and medical staffing hours as follows: Monday through Thursday 7:30 to 8:00; Friday 7:30 to 4:30; Sunday 5:00 to 8:00; closed Saturdays and most holidays. Therefore, this is to inform you that at times other than regular business hours, we have no in-house, on-duty, continuous medical staff care. However, hospitalized and boarding animals are checked twice daily and critical cases are always given the necessary care.

**I have read this form and am aware of the above staffing hours. I authorize this hospital and its staff to request vaccination history by phone. I further authorize the release and request a transfer of all medical records from previous veterinarians.**

Email address \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

*Do not write below this line - Hospital use only.*

CH1 \_\_\_\_\_ CH2 \_\_\_\_\_ CH3 \_\_\_\_\_

Type: A B C D CS: 1 2 3 \_\_\_\_\_

Pharmacy Used: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_