

VIRGINIA VETERINARY DISCLOSURE FORM COMPLYING WITH SEC.54.1-3806.1

Notice: King's Mountain Animal Clinic, Inc. does not provide continuous in hospital medical care twenty-four hours each day. The days and hours when such service is not available are:

Monday thru Friday _ 6:00 p.m. until 7:00 a.m.
Saturday and Sunday – 1:00 p.m. until 7:00 a.m. Monday
Holidays – Closed except for emergency services.

Referrel to a twenty-four hour facility for nursing service when deemed necessary.

I have received a copy of this notice and I have read and understand the hours of operation listed above and agree to let King's Mountain Animal Clinic, Inc. treat my pet.

Signature: _____

Date: _____

Please fill out your animals information below and give any medical records you have to the receptionist.

NAME: _____

COLOR: _____

SPECIES(circle one): Dog / Cat/ Other

AGE/DOB: _____

BREED: _____

SEX (circle one): Male / Female

Has your animal been spayed or neutered (circle one) Yes/ No

NAME: _____

COLOR: _____

SPECIES(circle one): Dog / Cat/ Other

AGE/DOB: _____

BREED: _____

SEX (circle one): Male / Female

Has your animal been spayed or neutered (circle one) Yes/ No

If you have more than two animals that need to be registered please inform the receptionist.