VIRGINIA VETERINARY DISCLOSURE FORM COMPYING WITH SEC.54.1-3806.1

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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:

New Client Registration Form (Please Print)

17	AIVIE:		
	LAST	FIRST	MI
A	DDRESS: STREET ADDRESS		-
	STREET ADDRESS	CITY/STATE	ZIP
	P.O. BOX (IF APPLICABLE)	CITY/STATE	ZIP
Н	OMEPHONE: ()	WORKPHONE: ()	
C	E-Mail		
SC	OCIAL SECURITY NUMBER:	Date of Birth	
Pl	LACE OF EMPLOYMENT:		
SI	POUSE'S NAME/OTHER:	No.	
	POUSE'S/OTHER EMPLOYMENT &PHONE:		
PREFER	RRED PAYMENT METHOD: (cash / check / (visa or m/c) / care cred	lit (requires prior approval)	
240	(circle one)		
W	ould you like a care credit application? yes	/ no (please circle)	
W If	ill any other people be authorized to bring you so, please list them:	ur pet in for you? yes / no (pl	ease circle)
Pl	ease tell us who referred you or how you heard	d about us?	
Cli mi has	ertify that I am the owner of the pet/pets presented by medical treatment needed to be performed for my pet/pets inic, Inc. for payment of such services. I also further againmum of \$3.00 on accounts 30 days or more past due as not been made within 90 days. If a payment has not being's Mountain Animal Clinic will not provide services:	. I hereby assume financial liability to laree to be responsible for any service chand costs of a \$20.00 collection fee coursen made within 90 days it will be sent	King's Mountain Animal arges of 1.5% with a ld be applied if a payment a collection agency and
Si	gnature	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/DQB:			
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.