

Date _____



CLIENT INFORMATION SHEET

Name _____

Mailing Address _____

Physical Address _____

City _____

City _____

State _____

Zip _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Employer's Name _____

Employer's Phone _____

Social Security/Driver Lic. # _____

Spouse's Name _____

Spouse's Cell Phone _____

Spouse's Employer _____

Spouse's Employer Phone _____

Referred by _____

Email _____

PAYMENT POLICY

To keep costs down, payment is required at the time of service. For your convenience we accept Cash, MC, Visa, Discover, American Express, CareCredit and personal checks with a valid Driver's License or Social Security Number. Any unpaid balances are subject to a \$5.00 monthly billing fee.

Virginia Veterinary Disclosure Form

Seven Bends Veterinary Hospital has business and medical staffing hours as follows: Monday – Thursday 7:30am-8:00pm; Friday 7:30am-4:30pm; Sunday 2:00pm-5:00pm; 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. I also agree to the above payment policy within this hospital.

Signed _____ Date _____