



Affordable Veterinary Services of VA

Client / Patient Information

Owner's Name: _____
Last First

Spouse/other authorized user on your account: _____
Last First

Address: _____
Street City State Zip

Primary Contact Number: _____ Other: _____
Circle one: cell home cell home work

How do you prefer to be contacted for reminders and/or services due? Call my Cell Call Home Email me
Text me US Mail

Email address: _____
please print legibly – we email reminders

Pet's name: _____

Breed: _____ Color: _____

Circle One: Male Male/Neutered Female Female/Spayed

Pet's Date of Birth/Age: _____

Has your pet been examined by a veterinarian within the last year? Yes No If so, where? _____

Has your pet bitten anyone within the last 10 days? Yes No History of allergic reaction to vaccines? Yes No

I authorize Affordable Veterinary Services of Virginia to perform the vaccine/other services I have chosen for my pet. I acknowledge that there is a potential for my pet to have an allergic reaction to the vaccinations given today, and I understand that I am fully responsible for the costs related to treatment of such a reaction. I also acknowledge that the exam performed on my pet was to determine whether my pet was well enough to receive vaccines today. I agree to follow up with my regular veterinarian for a comprehensive exam for my pet.

Owner's Signature: _____ Date: _____

Virginia Disclosure

****PLEASE READ CAREFULLY BEFORE SIGNING****

Affordable Veterinary Services of Virginia has the following business and medical staffing hours at the Oyster Point Road, Newport News location and the Diamond Springs Road, Virginia Beach location:

Friday	CLOSED
Saturday	10:00am to 3:00pm
Sunday	10:00am to 3:00pm
Monday – Thursday	CLOSED
Holidays	CLOSED

Affordable Veterinary Services of Virginia has the following business and medical staffing hours at the Indian River Road, Virginia Beach location:

Friday	4:00pm to 8:00pm
Saturday	10:00am to 2:00pm
Sunday	12noon to 4:00pm
Monday – Thursday	CLOSED
Holidays	CLOSED

This is to inform you that we have no “in-house”, on duty, continuous, medical staff **except** for the above mentioned hours.

If this schedule is not acceptable to you, you may:

1. Take your pet home and return the next working day.
2. Take your pet to your regular veterinarian.
3. Take your pet directly to the emergency clinic for treatment.

Emergency clinics are available 24 hours if a problem develops.

This disclosure form is a requirement by the Commonwealth of Virginia Department of Health Professions. This form **must** be signed before we can see your pet for services. Please feel free to ask any questions if you do not understand this policy.

ALSO:

As of July 2007, the State of Virginia is enforcing legislation (3.1-796.87:1) mandating that all rabies certificate information be forwarded to the Treasurer's Office. We will provide ONLY the REQUIRED information. This is their effort to insure that all animals obtain the REQUIRED dog or cat license.

I have read this form and am aware of the above staffing hours and rabies certificate policy.

Signed: _____ Date: _____
Owner or Responsible Agent

Name: _____
Print your name