DOMINION CROSSING VETERINARY HOSPITAL

Owner/Responsible Party

Last Name: _____ First Name: _____

Spouse/Other: _____ Spouse Cell Number: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Would you like to receive reminders by email/text message? Yes / No

In case of an emergency, please contact: _____ at _____

Please provide clinic name and phone number where we can acquire previous medical records:

Clinic name: _____ Office number: _____

May we use photos of you and your pet on social media? Yes / No

How did you hear about our practice? Social Media Website Mailer Coupon

Other: _____

Whom may we thank for referring you? _____

I UNDERSTAND THAT ALL CHARGES ARE DUE AT THE TIME SERVICES ARE RENDERED.

IF YOU HAVE ANY QUESTIONS ABOUT CHARGES, PLEASE TALK TO ONE OF OUR TEAM MEMBERS ABOUT OBTAINING A TREATMENT PLAN. We do require a minimum deposit of $200 for hospital patients. All pets entering our facility must be free of external parasites, and have or be able to show proof of current vaccinations. If these records are not provided we will update vaccines and/or parasite control at the owners' expense.

Medical Illness Policy: I/We hereby authorize the doctors and/or team members of Dominion Crossing Veterinary Hospital to administer treatment as they consider therapeutically and/or diagnostically necessary on my pet. I/We also consent to the administration of such anesthetics, as are necessary, and surgical procedures of an emergency nature. I/We hereby release the doctors and/or team members of Dominion Crossing Veterinary Hospital from all claims, legal or equitable, arising out of treatment rendered, and affirm that no guarantee or assurance has been made as to the results that may be obtained.

I HAVE READ AND UNDERSTAND THIS AGREEMENT

SIGNATURE: _____ DATE: _____

Pet Information

Name: _____ Age/DOB: _____ Sex: Female / Male Altered: Yes /No

Breed: _____ Color: _____ Microchipped: Yes/ No

Name: _____ Age/DOB: _____ Sex: Female / Male Altered: Yes /No

Breed: _____ Color: _____ Microchipped: Yes/ No