

Dominion Veterinary Hospital New Client Registration

Please Print and Complete All Information:

Last Name _____ First Name _____ MI. _____

Address _____ City _____ Zip _____

Home Phone () _____ Driver License Number _____

Employer _____ Work Phone () _____

Spouse/Co-Owner _____

Home Phone () _____ Driver License Number _____

How did you learn of our clinic? Yellow Pages () Hospital Sign() Commercial () Referral ()
If personal recommendation/referral, whom may we thank? _____

***We accept cash, personal checks, MasterCard, Visa, Discover and CareCredit.
We require a valid Drivers License Number when accepting checks.***

General Information, Please Read Carefully And Sign Below:

1. Professional fees are to be paid at the time services are rendered. We do not provide billing services.
2. All Checks accepted as payment are processed via ***Ogden Check Verification System***. In the event your check is returned, there is a \$35.00 return check fee.
3. All unpaid balances (including return checks) are subject to be sent to our attorney and /or collection agency after 30 days. I (owner/agent) agree if my account should become delinquent and is referred to our attorney/collection agency for collection, I will be responsible for all costs of collection and attorney fees of 33 1/3rd % of the unpaid balance at the time of the referral.
4. On your request, we will provide you with a written estimate of fees for any hospital treatment, emergency/intensive care, surgery, or hospitalization. A deposit of minimum 50% of the estimated total may be required before admission for treatment. We reserve the right to hold your pet until all fees are paid, including hospital grooming, and boarding costs.
5. If your pet is lost, may we release your name, address, and phone number to the finder?
YES () NO ()

Please indicate by your signature that you have read and understand the above information, and that the information is correct.

Signature of Owner/Co-Owner _____ Date _____

Virginia Veterinary Disclosure Form

Dominion Veterinary Hospital, P.C. has business/medical staffing hours as follows:

Monday – 8:00AM-8:00PM
Tuesday – 8:00AM-5:00PM
Wednesday - 8:00AM-8:00PM
Thursday – 800AM-5:00PM
Friday – 8:00AM-5:00PM
Saturday – 8:00AM-12:00PM

We have no in-house, on-duty, continuous medical staff overnight, weekends, and some holidays. I have read this form and I am aware of the above staffing hours.

Owner/Agent _____ **Date** _____