



midlothian
animal clinic

Client Registration

14411 Sommerville Ct.
Midlothian, VA 23113
Phone: (804)794-2099
Fax: (804)794-3015

Owner Name: _____ Date: ____/____/____
Spouse Name: _____ SSN: ____-____-____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cellular/Other: _____
Work Phone: _____ Email: _____

Employer's Name & Address: _____
Spouse's Employer & Address: _____

Emergency Contact Name: _____ Contact's Phone: _____
Emergency Contact's Relation to You: (parent, friend, etc...) _____

Is this person authorized to make decisions about your pet's health? Yes No

Please list names of all people, including children, that have your permission to authorize care/treatment of your pet(s): _____

If you are paying by check or credit card, please complete the following:

Driver's License Number: _____
(Note: It is our policy to keep a copy of driver's licenses in client files)

How did you hear about us?

- Web Search/Google/Yahoo
- Facebook
- Drove By (Location)
- Yellow Pages
- Other
- Referred By Client

Name: _____

Boarding and Hospitalization Policy

VACCINATIONS:

Midlothian Animal Clinic requires proof of veterinarian administered vaccination of the following prior to admittance for hospitalization, surgery and/or boarding:

Canine (Dogs)

Feline (Cats)

- Distemper / Parvo Combination
- Bordetella (Kennel Cough)
- Influenza
- Rabies
- Distemper
- Rabies

Hours of Operation Disclosure

Midlothian Animal Clinic's hours of operation are as follows:

Monday to Thursday: 7:30 A.M. to 7:30 P.M.
Friday: 7:30 A.M. to 5:30 P.M.
Saturday: 8:30 A.M. to 12:00 P.M.
Sundays & Holidays: Closed

Please note that except during the above noted hours of operation, continuous veterinary medical care is not available.

By signing below, I acknowledge that I understand that this hospital is not staffed 24 hours a day and I release Midlothian Animal Clinic for any damages that may result in my pet(s) staying in the hospital during non-staffed hours.

Signature of Owner / Responsible Party: _____ Date: ____/____/____

I have read and understand the Midlothian Animal Clinic Hospitalization / Boarding and Hours of Operation Disclosure and will assume responsibility for all charges incurred in the care of my pet(s) admitted to this hospital. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgery or for any prolonged treatment. In the event that a check is returned for insufficient funds, we will notify you and give you ten days to pay the amount of the delinquent check in full with cash. If we do not receive the cash payment in full within ten days, a \$35.00 returned check fee will be added. Furthermore, we will submit this delinquent account over to our attorneys at which time any and all civil penalties as provided in Section 8.01-27.1 of the Code of Virginia (1950) will be imposed. I also waive the benefit of Homestead Exemption or other exemption under insolvency laws. Should this account become delinquent and collection becomes necessary, the undersigned agrees to be responsible for attorney's fees of 33 1/3%, interest per annum from the last date of payment and any and all applicable court costs.

Signature of Owner / Responsible Party: _____ Date: ____/____/____

I authorize Midlothian Animal Clinic to take and display photos of my pet(s) on their social media sites (Website, Facebook, Twitter, etc.) and/or internal media site and marketing materials (brochures).

Signature of Owner / Responsible Party: _____ Date: ____/____/____