

Family Veterinary Center
1101 South Battlefield Blvd, Suite 5
Chesapeake, VA 23322
(757) 410-7754

Welcome to *Family Veterinary Center*. We are excited about beginning a long and rewarding relationship with you and your pets. Thank you for the opportunity to serve you. To ensure the best care possible for you pets, please fill out completely the registration form below. Thank you!

CLIENT REGISTRATION

Owner _____
Address _____
Email _____
Phone #'s
(H) _____ (W) _____ (C) _____
Employer _____
Employers Address _____
Spouse _____
Phone #'s
(H) _____ (W) _____ (C) _____
How did you learn of our practice? _____

PET INFORMATION

Name of Pet _____ Breed _____ Color _____
Birthday _____ Sex: Male ___ Female ___ Spayed? ___ Neutered? ___
Previous Veterinarian where records can be obtained? _____
Please list any medications your pet is taking _____
Are there any allergies, illnesses, or health concerns with your pet that we should be aware of?

AUTHORIZATION

Do you authorize anyone else to consent to or decline treatment for your pet (including spouse)?

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that payment is required at the time of the visit.

Signature _____ *Date* _____

I hereby authorize the examination and/or treatment of the animal patient described above by Family Veterinary Center and/or affiliated medical staff member(s). I accept financial responsibility for all services provided. In the event my account matures 30 days from the date of service and my account is referred to an attorney or collections agency, I agree to reimburse Family Veterinary Center for any collections fees and/or attorney's fees incurred not to exceed 30% of unpaid balance. Full payment is expected when services are rendered. A deposit of 50% is required for all surgeries. Cash, Checks, Visa, and MasterCard are accepted.

Client/Agent _____ *Date* _____

FAMILY VETERINARY CENTER CANCELLATION POLICY

Family Veterinary Center is committed to providing the highest quality medical care for your pet. In order to do so we have implemented a tight appointment schedule to get all of our patients seen in a timely manner. When a client cancels or “No Shows” without giving notice, they prevent another patient from being seen. The cancellation policy enables us to better utilize available appointments for our patients in need of medical care. We understand that situations arise in which you must cancel your appointment. In order to be respectful of the medical needs of all patients, cancellations need to be made by 2 pm on the day prior to your scheduled appointment, our office staff can be reached at 757-410-7754 during our normal working hours. If prior notification is not given, you will be charged a fee of \$25.00. (All clients will be given a one time courtesy for the above policy)

The Cancellation and “No Show” fees are the sole responsibility of the client and must be paid in full before or at the time of the patients next appointment.

Late Appointment Policy:

We understand that delays can happen, however we must try to keep the other patients and doctors on time. If you arrive more than 10 minutes after your appointment time, we will have to reschedule your pet for another day.

Thank you for your understanding and cooperation as we strive to give our patients compassionate and quality care!

Please sign below to consent to these terms:

Client Signature _____

Date _____

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I have been advised and understand that "continuous care"/hospitalization as defined by the state legislature (i.e.: the 24-hour presence of a veterinarian) is not available after normal office hours. The office hours are Monday from 7:30 am - 7:00 pm, Tuesday - Friday from 7:30 am - 5:00 pm, and Saturday from 8:00 am - 12:30 pm. "Continuous care" is available after hours at the emergency clinics. Any animal left in the clinic after hours will be left unattended.

Owner/Agent: _____ Date: _____