

Patient/Client Information

Owner's Name: _____

Co-Owner: _____ Co-Owner Relationship: _____

Driver's License #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____

Work Phone #: _____ Co-Owner Phone #: _____

Best Phone: ☐Cell ☐Home ☐Work ☐Co-Owner Best time of day to reach me: _____

Personal Email Address: _____

Employer's Name & Address: _____

In Case of EMERGENCY, Call _____ At Phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. Any balance is turned over to collections. Client is responsible for all collection fees.

Payment can be in the form of cash, check, or credit card. If you have pet insurance, you must pay your balance at the time of your visit and submit to your insurance yourself.

Preferred Method of Payment _____ (cash, check, or credit card)

☐ I have pet insurance with _____

☐ I have Pet Assure. My membership number is _____ Expiration: _____

Name of Previous/Current Veterinarian: _____

I intend to use _____ **as my primary care veterinarian clinic.**

How did you hear of our hospital?

- ☐ Individual, Someone We May Thank? _____
- ☐ Yellow Pages, or another telephone directory?
- ☐ Hospital Sign?
- ☐ Online? If so, which search engine? _____
- ☐ Other, please state: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations can be updated at the time of your appointment if they are not current.

Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Intact, Altered/Spayed, or Unknown			
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins, Supplements, or Treats			
Heartworm Preventatives Used			
Flea/Tick Preventatives Used			
Shampoo Used			
Hours Spent Outside Each Day			
Previous Veterinarian Care	<i>If you provide veterinarian records, KGVC will complete this section.</i>		
	Pet #1	Pet #2	Pet #3
DOGS:			
DHPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Rabies			
Other Vaccines (Lepto, Lyme, etc. Please Specify)			
Heartworm Testing			
CATS:			
FVRCP (Infectious Diseases)			
FELV (Feline Leukemia)			
Rabies			
Other Vaccines - Please Specify			
FELV Test or FIV Test?			
Fecal Test (Stool exam for worms/parasites)			
Dentistry (Approx. Date Done)			
Blood work			
Medical History - Prior Illness/Surgery:			

King George Veterinary Clinic

12378 Kings Hwy | King George, VA 22485 | Phone 540-775-9439 | Fax 540-775-4358

Financial Policy

Thank you for choosing King George Veterinary Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. King George Veterinary Clinic requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Plans from CareCredit®
 - o o Allow you to begin treatment today and pay over time
 - o o Available for any treatment amount
 - o o Can be used repeatedly for your entire family - without having to reapply (subject to credit approval)

Deposit & Billing:

For some treatments or hospitalized care, a 50% deposit is required. We may offer in-house payment options on a case-by-case basis. If you have an account 90 days past due, King George Veterinary Clinic may relinquish your balance owed to a collection agency, and pet owner or responsible party is responsible for collection costs.

Additional Policy Information:

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the new client/patient form and additional pets I present. Furthermore, **I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated**. All accounts unpaid after 30 days receive a \$5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.50% per month. King George Veterinary Clinic charges \$35 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier. I have provided my cell phone number which may be used by King George Veterinary Clinic or an agent associated with King George Veterinary Clinic at anytime for the process of insurance billing and/or my account.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Social Media

KG Veterinary Clinic absolutely loves making pets Facebook famous! Please give us your permission to share your pet(s)' image and story on social media, our website, and other marketing materials with your signature below. Your personal information will never be shared.

☐ I give permission. ☐ I do not give permission.

Client/Owner Signature

Date

Virginia Veterinary Disclosure Form

Virginia law requires that all clients read carefully and sign.

King George Veterinary Clinic has business hours as follows:

Monday, Tuesday, Thursday, and Friday, from 8am to 6pm.

Wednesday 9am to 3pm and Saturday 9am to 12pm.

We are closed Sundays and major holidays. Staff caretakers are on duty during office hours. Over weekends and major holidays, staff caretakers are available at least twice daily for patient care.

Therefore, this is to inform you that we have no in-house, on duty, continuous medical staff care during the following times:

1. Overnight, from 6pm until 8am the following morning.
2. Weekends, from Saturday at 1pm until 8am on Monday morning.
3. Holidays, from 6pm the day before the holiday until 8am on the morning after the holiday. On Christmas Eve until 8am on the next business day after Christmas.

If 24-hour continuous care is desired, owners may transfer their pets to the Animal Emergency Clinic for care during the hours when our clinic is closed. This is a separate facility from King George Veterinary Clinic; therefore separate charges for medical care will be incurred as determined by the Animal Emergency Clinic. The Animal Emergency Clinic is closed during our normal business hours; therefore patients will need to be transferred back to our facility when we reopen.

I have read this form and I am aware of the above staffing hours and policies.

Date _____

Signature _____

Printed Name _____

Witness _____