



# Welcome to our clinic

Thank you for the opportunity to care for your pet.

## Client Information:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/Significant Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## How did you hear about us?

Website  Drive by  Existing client- Who may we thank? \_\_\_\_\_

Advertisement \_\_\_\_\_  Humane society/Rescue group \_\_\_\_\_  Google/online search

Facebook referral  Community Event \_\_\_\_\_  Veterinarian or Team mate

## Pet Health History:

Pets Name: \_\_\_\_\_ Age/D.O.B: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: M  F  Neutered/Spayed: Y  N

Current Medications your pet is taking: \_\_\_\_\_

## Vaccination History:

Rabies Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dhpp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Bordetella \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary reason for visit: \_\_\_\_\_

Prior Surgeries: \_\_\_\_\_

Prior Illnesses: \_\_\_\_\_

## Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered.

Signature of responsible

party \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Betty Baugh's Animal Clinic

### Virginia Veterinary Disclosure Form

*Please read carefully before signing*

Betty Baugh's Animal clinic is a full service hospital providing a wide range of services including medical, surgical, and dental care. Our business and medical staffing hours are as follows:

- Monday, Thursday and Friday from 7:30 am to 6:00 pm
- Tuesday and Wednesday from 7:30 am to 7:00 pm
- Saturday from 8:00 am to 1:00 pm
- The clinic is closed on Sunday's and Holidays

We do not schedule regular business or medical hours on Sunday's or major holidays, but our staff is present to perform all necessary medical care as well as provide exercise, cleaning and feeding for all animals in the hospital.

This disclosure form is to inform you that we have no in-house, on duty continuous medical staff care:

- Overnight, from closing time until opening time the next workday
- Weekends, from closing time Saturday until opening on Monday morning
- Holidays, from closing the day before the holiday until the opening on the workday following the holiday

**However, veterinary care is provided every day (including Sundays and Holidays) during non-staffed hours.** In other words, at least one of our veterinarians is on call and assistants are responsible for periodic observation and treating our hospitalized patients as needed during non-staffed hours. Twenty-four hour (24 hour) veterinary care is available at several local emergency and specialty referral veterinary hospitals.

**Our goal is to provide the best quality, full service veterinary care available. Our veterinarians are dedicated to providing treatment for all hospitalized animals whenever required everyday (and night) of the year.** If you have any questions about this or any other matter related to your pet's care please ask to speak with the veterinarian.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_