Ridgewood
ANIMAL HOSPITAL

1044 Corporate Park Dr. • Forest, Virginia 24551 • (434) 525-2111

CLIENT/PATIENT INFORMATION SHEET

OWNER'S NAME LAST FIRST MIDDLE

PHONE Home ( ) _____ Work ( ) _____ Cell ( ) _____

ADDRESS CITY STATE & ZIP CODE LOCALITY

EMAIL

PET NAME BREED COLOR

AGE (D.O.B.) WEIGHT SEX SPAYED / NEUTERED DATE IN

MEDICAL HISTORY

1. Is your pet protected from infectious diseases by current vaccination? ❑ Yes ❑ No
2. Is your pet under a veterinarian's care now? If so, give reason for treatment. _____
3. Is your pet taking any kind of medication now? (Please list) _____
4. Has your pet had any unusual bleeding or reaction to any anesthesia, or drug, (like penicillin) or vaccination reaction? If so, please describe. _____
5. Is there any other medical history relating to your pet that may be important in the treatment or surgery relating to your pet's condition? _____

AUTHORIZATION CONSENT

I am the owner of the above-named animal or am responsible for it and have authority to execute this consent, and assume all financial responsibility incurred.

I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.

I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

PAYMENT AGREEMENT

All fees are to be paid at the time the animal is discharged. A deposit may be required on pets hospitalized. We accept cash, check, MasterCard, Visa, and Discover for your convenience.

By signing this agreement I/we agree to pay all costs incurred in collecting for services rendered, including, but not limited to court costs, collection agency fees and attorney's fees. I understand a 18% annual finance fee will be added to the balance of my account when 30 days overdue.

VIRGINIA VETERINARY DISCLOSURE FORM

Ridgewood Animal Hospital has business and medical staffing hours on Monday through Friday 8 a.m. to 6 p.m. and on Saturday 8 a.m. to 12:30 p.m. Therefore, this is to inform you that we have no continuous duty medical staff care overnight or on Sundays and holidays. Ridgewood Animal Hospital is however, equipped with a 24 hour continuously monitored electronic security and fire alarm system for the safety of your pet.

_____

Signature of legal owner or responsible person

Thank you for giving Ridgewood Animal Hospital the opportunity to care for your pet. We would appreciate knowing how you chose us.

❑ Website ❑ Location ❑ Yellow Pages ❑ Friend or associate. If so, may we have their name? _____

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