



Welcome

Client Information

Date: _____ Name: _____ DL# _____

Address _____ City _____

State _____ Zip _____

Home phone (____) _____ Cell # (____) _____

Work # (____) _____ Employer _____

Email address: _____ @ _____

Emergency Contact Name : _____ Phone (____) _____

Who/How did you learn about us? Sign/Drove By Internet TV Add Yellowpages

Other _____ Client to thank? _____

Pet Information

Pet's Name: _____ () dog () cat () other

Sex ()M ()F spayed/neutered : () yes ()no Age: _____

DOB: _____ Breed: _____ Color: _____

Last Veterinarian _____ Date _____ Phone # (____) _____

Payment policy

It is the policy of this clinic to collect payment at the time services are rendered. In the event that it becomes necessary to turn an account over to outside collections, the client agrees to pay all costs of collection. This includes any court costs and 25% of attorney fees that may ensue. All accounts with a balance over 30 days will be assessed a 1.5 % late charge monthly.

Abandonment Policy

I understand that my pet will be considered abandoned when Massanutten Animal Clinic has not had contact with me within 14 days of the expected date of discharge. Massanutten Animal Clinic is authorized to dispose of my pet as they deem best, including euthanasia. I understand that I am still financially responsible for all charges accrued.

Signature _____ Date _____





massanutten animal clinic

Disclosure Form

I understand that Massanutten Animal Clinic is open and staffed during the following hours

Monday 8-12 & 1-7

Tuesday 8-5

Wednesday 8-12 & 1-6

Thursday 8-5

Friday 8-5

Saturday 9-11

Massanutten Animal Clinic is NOT open or staffed at all other hours. Emergencies are referred to the Shenandoah Valley Emergency Service in Verona (540) 248-1051.

Signature _____

Date _____

