



YORK VETERINARY HOSPITAL

WELCOME

CLIENT INFORMATION

NAME: MR.,MRS.,MS. _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE# () _____

ALTERNATE PHONE# () _____

DRIVERS LICENSE# _____

LICENSING STATE _____

EMPLOYER _____

WORK # () _____

PET INFORMATION

PETS NAME

1 _____

2 _____

3 _____

BIRTHDATE

1 _____

2 _____

3 _____

SEX

1 _____

2 _____

3 _____

BREED

1 _____

2 _____

3 _____

COLOR

1 _____

2 _____

3 _____

AUTHORIZATION

ALL BOARDERS AND HOSPITALISED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF ALL INTERNAL AND EXTERNAL PARASITES. I HEREBY AUTHORIZE THE VETERINARIANS TO EXAMINE , PROVIDE FOR AND OR TREAT THE ABOVE PET(S). I ASSUME ALL RESPONSIBILITY FOR ALL CHARGES INCURRED TO THE ABOVE ANIMAL(S). ALL PROFESSIONAL AND NON-PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. YORK VETERINARY HOSPITAL DOES ACCEPT CASH, CHECK, MASTERCARD, VISA, AMERICAN EXPRESS AND DISCOVER.

SIGNATURE: _____

DATE: _____



YORK VETERINARY HOSPITAL

VIRGINIA VETERINARY DISCLOSURE

** I UNDERSTAND THAT YORK VETERINARY HOSPITAL IS OPEN AND STAFFED FROM 7:00 A.M. TO 5:30 P.M. MONDAY THRU FRIDAY, AND FROM 7:00 A.M. UNTIL 12:00 NOON ON SATURDAYS. THE HOSPITAL IS CLOSED AND NOT MEDICALLY STAFFED AT ALL OTHER TIMES WHICH INCLUDES SUNDAYS AND HOLIDAYS. DOCTORS DO MAKE ROUNDS ON WEEKENDS AND HOLIDAYS. PATIENTS NEEDING INTENSIVE 24-HOUR CARE CAN BE TRANSFERRED TO THE PENINSULA EMERGENCY VETERINARY CLINIC. ALL CHARGES FOR SERVICES PROVIDED BY THE PENINSULA EMERGENCY VETERINARY CLINIC ARE SEPARATE AND IN ADDITION TO THOSE CHARGES BY YORK VETERINARY HOSPITAL.

SIGNATURE: _____

DATE: _____

