

*Dominion Veterinary Hospital New Client Registration*

**OWNER INFORMATION ONLY**

Please Print and Complete All Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Driver License Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

Spouse/Co Owner \_\_\_\_\_ Phone number(    ) \_\_\_\_\_

Driver License Number \_\_\_\_\_

\*How did you learn of our clinic? Hospital sign (    ) Web Page/App (    ) Referral(    ) If personal referral/recommendation, whom may we thank? \_\_\_\_\_

**\*WE ACCEPT CASH, PERSONAL CHECKS, MASTERCARD, VISA, DISCOVER, CARE CREDIT AND AMERICAN EXPRESS. A VALID DRIVERS LICENSE IS REQUIRED WHEN ACCEPTING CHECKS.**

General Information, Please Read Carefully and Sign Below:

1. Professional fees are to be paid at the time services are rendered. **We do not provide billing services.**
2. All Checks accepted as payment are processed via **Ogden Check Verification System**. In the event your check is returned there is a 35.00 returned check processing fee.
3. All unpaid balances (including returned checks) are subject to be sent to our attorney and/or collection agency after 30 days. I (owner/agent) agree if my account should become delinquent and is referred to our attorney/collection agency for collection I will be responsible for all costs of collection and attorney fees of 33 1/3<sup>rd</sup> % of the unpaid balance at the time of the referral.
4. On your request, we will provide you with a written estimate of fees for any hospital treatment, emergency/intensive care, surgery and or hospitalization. A deposit minimum of 50% of the estimated total may be required before admission for treatment. We reserve the right to hold your pet until all fees are paid including hospital, grooming and boarding costs.
5. **If your pet is lost, may we release your name, address and phone number to the person who finds your pet?** YES (    ) NO (    )

Please indicate by your signature that you have read and understand the above information and that the information is correct.

Signature of Owner/Co Owner \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT/RELEASE-USE OF LIKENESS

I, \_\_\_\_\_, hereby authorize Dominion Veterinary Hospital to use my likeness or the likeness of my pet in the form of photograph(s), digital image, still, video, media image, that Dominion Vet may use in their sole discretion for promotional purposes. This includes but is not limited to social networking, marketing materials, print, digital or video. This release is for use in "marketing purposes" of Dominion Vet and shall NOT be converted to personal use by the owners of Dominion Vet, their employees or agents.

I understand that the use of my likeness or my pet's likeness may be in brochures or publications, on television, on Dominion Vet's website/facebook, and/or displayed at Dominion Vet's facility. I hereby acknowledge that I will not receive any compensation from Dominion Vet for the use of my likeness or the likeness of my pet.

It is with acknowledgment that I have authority to act and agree to this authorization. I further acknowledge that I have authority to consent to the use of the likeness of my pet.

I hereby release, waive, discharge, and covenant not to sue Dominion Veterinary Hospital based on the use of any photograph for promotional purposes.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# **DOMINION VETERINARY HOSPITAL, PC.**

## **Virginia Veterinary Disclosure Form**

Dominion Veterinary Hospital, P.C. has business/medical staffing hours as follows:

Monday- 7:00 am to 7:00 pm  
Tuesday- 7:00 am to 7:00 pm  
Wednesday- 7:00 am to 7:00 pm  
Thursday- 7:00 am to 7:00 pm  
Friday- 7:00 am to 5:00 pm  
Saturday- 7:00 am to 12:00 pm  
Sunday- CLOSED

We have no in-house, on-duty, continuous medical staff overnight, weekends and some holidays. I have read this form and I am aware of the above staffing hours.

Owner/Agent: \_\_\_\_\_

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