

Name: _____ Spouse: _____

Address: _____ City: _____ Zip: _____

Telephone Home _____ Cell: _____ Spouse Cell: _____

Office Phone: _____ Spouse Office: _____

Employer: _____ E-Mail Address: _____

How did you hear about us ?

Phone Book _____ Internet _____ Mail _____ Drive By _____ Referred by _____

#1. Pet Name: _____ Date of Birth: _____ Breed: _____

Color: _____ Sex: M () F () Neutered Yes () No () Age: _____

#2. Pet Name: _____ Date of Birth: _____ Breed: _____

Color: _____ Sex: M () F () Neutered Yes () No () Age: _____

PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED. We regret that we cannot extend credit but payment can be made by cash, check, VISA, Discover or Mastercard. There is a \$35 charge for returned checks. Accounts turned over to the collection agency will be charged a collection fee.

VIRGINIA VETERINARY DISCLOSURE FORM
--

Sycamore Veterinary Hospital has business and medical staffing hours as follows: MONDAY through FRIDAY 8 30 AM. to 6:00 P. M and SATURDAY 8 30 A M to 2 00 P M We are closed SUNDAYS AND HOLIDAYS

Therefore, this is to inform you that we have NO in-house, on-duty continuous medical staff care:

1. OVERNIGHT, from closing time at 6:00 P. M to opening time at 8 30 A M ;
2. WEEKENDS, from closing time SATURDAY at 2 00 P. M to opening time MONDAY morning at 8 30 A M ;
3. HOLIDAYS, from closing time before the holiday at 6:00 P. M to opening time the day after the holiday at 8:30 A.M.;
4. HOLIDAYS FALLING ON MONDAY, from closing time SATURDAY at 2 00 P M to opening time on TUESDAY at 8 30 A M.

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

DATE: _____

Signed: _____

Date	Name	C/F	Illness	Dr/Room	Note