

WELCOME TO OUR PRACTICE!!

Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs by taking a moment to share some important information we will need to support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

CLIENT'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

HOME PHONE _____ CELL/OTHER _____ WORK PHONE _____

SSN OR DRIVERS LICENSE NUMBER _____

(It is our policy to keep a copy of license on file)

Please list the names of all people, including family members who have permission to authorize care/treatment of your pet(s). _____

Did one of our clients refer you to us? ☐ No ☐ Yes Name: _____

How/Why did you select us? _____

In case of emergency where I/we cannot be reached, please call: _____

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. We accept Visa, MasterCard, Discover, American Express & CareCredit. There will be a \$50.00 service fee for all returned checks.

Signature of Responsible Agent for Pet(s). _____ Date _____

Essential Pet Information

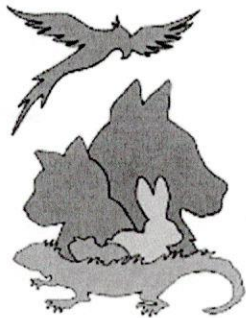
Pet's Name	Age/ DOB	Species	Breed	Sex	Spayed/ Neutered?	Color

VACCINE HISTORY:

Does your pet have a current Rabies Vaccination? ☐ Yes ☐ No

Do you have your pet's records? ☐ Yes ☐ No If not, we can contact your previous veterinarian to obtain a vaccine record if you wish. Yes, please call _____ for my pet's records.

Any past medical or surgical problems: _____



BRANDERMILL ANIMAL HOSPITAL
12501 Hull Street Road
Midlothian, VA 23112
804-745-4243

Terms and Payment Options

Our Mission is to deliver the finest, most cost effective health care treatment available today. Following diagnosis, the doctor will advise you of our plan for treatment. Additionally, we will discuss with you the cost of today's and future treatments.

Payment for today's visit and your future visits are due at the time of treatment. We are sensitive to the fact that some people may and may not be able to pay with cash at the time of treatment; therefore, we offer an extended monthly pay plan for your convenience called CareCredit.

Please indicate below the form of payment you wish to choose to settle your account:

_____ Cash, Check, or ATM Debit Card

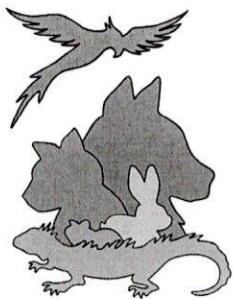
_____ Visa, Mastercard, or Discover

_____ CareCredit – If you choose this option, please request a CareCredit application.

A finance charge on any outstanding balance will be assessed at a minimum of \$5.00 and/or 2% interest per month after 30 days. If necessary, a \$50.00 collection fee will be applied, plus any charges associated with collection of the outstanding balance. There is a \$50.00 returned check fee for any check that is returned to us. We do require a permanent copy of your identification.

X _____
Signature of Responsible party

Date



BRANDERMILL ANIMAL HOSPITAL

12501 HULL STREET ROAD

MIDLOTHIAN, VA 23112

(804) 745-4243

Virginia Veterinary Disclosure Form

BRANDERMILL ANIMAL HOSPITAL HAS THE FOLLWING BUSINESS AND DOCTORS' HOURS

8 AM to 8 PM on Mondays, Tuesdays, Wednesdays and Fridays

8 AM to 7 PM on Thursdays

9 AM to 1 PM on Saturdays

*****We are closed and unstaffed all other hours including Sundays.*****

It is our policy to provide continuous care when necessary by having the owner transfer their pet to the VESC on Cary Street or south location off of Charter Colony Parkway.

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

Signed: _____

Brandermill Animal Hospital
12501 Hull Street Rd.
Midlothian, VA 23112

I grant to Brandermill Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet(s), and to copyright, use and publish the same in print and/or electronically.

I agree that Brandermill Animal Hospital may use such photographs of me and/or my pet(s) with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- ☐ The above may take photos of me and/or my pet(s)
- ☐ The above may **NOT** take photos of me and/or my pet(s)

Signature: _____

Printed name: _____

Date: _____