**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\_\_\_\_\_\_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(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). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Did one of our clients refer you to us? □ No □ Yes Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How/Why did you select us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Essential Pet Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pet’s Name** | **Age/**  **DOB** | **Species** | **Breed** | **Sex** | **Spayed/**  **Neutered?** | **Color** |
|  |  |  |  |  |  |  |
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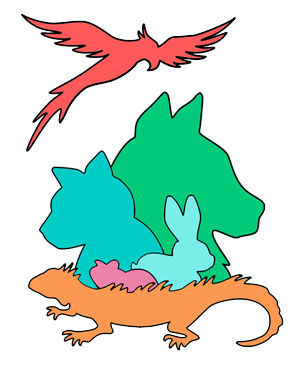
**HEALTH HISTORY:**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO RELEASE:** I agree / disagree (please circle) that Brandermill Animal Hospital may take photographs of me and/or my pet(s), and to copyright, use and publish the same in print and/or electronically.

**PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. Due to Legal restrictions, Prescriptions cannot be returned.** We accept Visa, MasterCard, Discover, American Express & CareCredit. There will be a $50.00 service fee for all returned checks. 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.

**Signature of Responsible Agent for Pet(s). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Virginia Veterinary Disclosure Form**

BRANDERMILL ANIMAL HOSPITAL

12501 Hull Street Road

Midlothian, VA 23112

(804) 745-4243

Brandermill Animal Hospital has the following business and Doctors’ Hours:

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

8 AM to 7PM 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 owners transfers their pet(s) to a local 24-hour veterinary facility.

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ScratchPay or 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 Rd.

Midlothian, VA 23112

804-745-4243

I grant 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_