

**Staunton Veterinary Clinic**

Staunton Veterinary Clinic hours of operation:

Monday – Friday 7:00 AM to 6:00 PM

Saturday & Sunday CLOSED

Staunton Veterinary Clinic does not have an in-house, on-duty continuous medical staff on the premises after hours or on weekends. Hospitalized patients may receive scheduled treatments and examinations after hours, but will not receive continuous monitoring or care. If your animal needs continuous medical monitoring or care, transfer to the Shenandoah Valley Regional Veterinary Emergency Services in Verona will be recommended.

I understand the information outlined above:

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

## Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ or SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse/Significant Other Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Previous Veterinarian/Hospital \_\_\_\_\_

Does SVC have permission to contact your previous veterinarian for records (Yes) (No)

## Pet Information

1. Pet's Name: \_\_\_\_\_ (Dog) (Cat) - circle one

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Sex: (Male) or (Female) Spayed/Neutered: (Yes) (No)

2. Pet's Name: \_\_\_\_\_ (Dog) (Cat) - circle one

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Sex: (Male) or (Female) Spayed/Neutered: (Yes) (No)

3. Pet's Name: \_\_\_\_\_ (Dog) (Cat) - circle one

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Sex: (Male) or (Female) Spayed/Neutered: (Yes) (No)

\*SVC has permission to take and post pictures of my animals on Social Media or the SVC Website - (Yes) (No)\*

**I hereby authorize Staunton Veterinary Clinic to examine, prescribe for, and/or treat my animals. I assume responsibility for ALL charges accrued for the care of my animal(s) at time of service. I also understand that a deposit is required for all emergencies and hospitalized animals. I understand that there will be a \$50 charge for all returned checks. I have read and agree to the outlined terms.**

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