

# CLIENT INFORMATION

|                   |                           |            |  |            |                |  |
|-------------------|---------------------------|------------|--|------------|----------------|--|
| OWNER'S NAME      | MR.<br>MRS.<br>MS.<br>DR. |            |  |            |                |  |
|                   |                           | LAST       | FIRST  | MIDDLE     |                |  |
| ADDRESS           |                           |            |  |            |                |  |
|                   |                           | STREET     | CITY   | STATE/ZIP  |                |  |
| HOME PHONE        |                           | CELL PHONE |  | COUNTY     |                |  |
| E-MAIL ADDRESS    |                           |            | DRIVER'S LICENSE/<br>SOCIAL SECURITY<br>NUMBER |            |                |  |
| EMPLOYER NAME     |                           |            | EMPLOYER PHONE                                 |            |                |  |
|                   |                           | NAME       |  |            |                |  |
| EMPLOYER ADDRESS  |                           |            |  |            |                |  |
|                   |                           | STREET     | CITY   | STATE/ZIP  |                |  |
| SPOUSE'S NAME     | MR.<br>MRS.<br>MS.<br>DR. |            |  |            |                |  |
|                   |                           | LAST       | FIRST  | CELL PHONE |                |  |
| SPOUSE'S EMPLOYER |                           |            |  |            |                |  |
|                   |                           | NAME       |  |            | BUSINESS PHONE |  |

# ANIMAL INFORMATION

| DOG | CAT | NAME | BREED | COLOR/MARKINGS | DATE OF BIRTH | SEX | SPAYED/<br>NEUTERED<br>YES/NO |
|-----|-----|------|-------|----------------|---------------|-----|-------------------------------|
|     |     |      |       |                |               |     |                               |
|     |     |      |       |                |               |     |                               |
|     |     |      |       |                |               |     |                               |
|     |     |      |       |                |               |     |                               |
|     |     |      |       |                |               |     |                               |
|     |     |      |       |                |               |     |                               |
|     |     |      |       |                |               |     |                               |

**PAYMENT IS REQUIRED AT TIME SERVICES ARE RENDERED  
WE ACCEPT CASH, CHECKS, MASTERCARD AND VISA**

REFERRED BY

*SEE REVERSE SIDE*

DATE UPDATED

BROCHURES GIVEN

Noah's broch

VPI

Home Again

**PLEASE READ & SIGN BELOW**

**VIRGINIA VETERINARY BOARD MANDATED DISCLOSURE:**

Noah's Ark Veterinary Hospital has medical staffing hours as follows: Monday through Friday 8:30 a.m. to 6:00 p.m. except for Mondays (we are closed from 2:30 p.m. to 3:40 p.m. for staff meeting), and on Saturday 8:30 a.m. till 12:00 noon, we are closed Sundays and major Holidays.

This is to inform you that we have no in-house, on-duty continuous medical staff care:

1. Overnight: From closing at 6:00 p.m. until 8:30 a.m. Monday through Friday.
2. Weekends: From closing Saturday 12 noon until 8:30 a.m. Monday.
3. Holidays: For Christmas and New Year's and holidays which fall on a Monday, from closing 12:00 noon the day before the holiday until 8:30 a.m. the next business day. For other holidays, from closing at 6:00 p.m. the day prior until 8:30 a.m. the following business day.

Periodic checks of animals are made by the veterinarians and hospital staff on nights, weekends, and holidays as needed.

This is the manner in which Noah's Ark Veterinary Hospital has always been staffed and is the manner in which the vast majority of veterinary clinics are staffed. This disclosure is now required of all veterinary hospitals by Virginia law.

I have read and I understand the above disclosure.

Owner Signature: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_