



Welcome!

Thank you for giving us the opportunity to care for your pet(s).

We strive to provide the highest quality healthcare available with compassion and convenience

Registration

Owner: _____ SS# _____
 Address: _____ Home Phone: _____
 City/State/Zip: _____ Cell Phone: _____
 Employer: _____ Work Phone: _____
 Name of Spouse/Other: _____ Spouse Phone: _____
 Email: _____ Alternate contact email or phone: _____
 Emergency Contact Person: _____ Phone: _____

How did you first learn of our hospital? Sign Yellow Pages Personal Recommendation
 If recommended, who may we thank? _____

Patient Information

Name: _____ Breed: _____
 Color: _____ Birth Date: _____ Sex: _____ Spayed/Neutered? Yes No
 Obtained from: Breeder Pet Store Shelter Stray Other _____

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Previous Veterinarian where Records may be obtained: _____

Has your pet(s) been treated for any illness within the last 12 months? Yes No
 Specify problem(s), medications and dosages (if known): _____

Are there any allergies, illnesses or other health concerns we should be aware of? _____

Authorizations & Notices

List the names of anyone, other than yourself, who have consent to make medical decisions regarding your pets: _____

I understand that I am responsible for the cost of treatment incurred by these authorizing agents.

I hereby authorize the veterinarian to examine, prescribe for and treat the above described pet(s). All payments are required at the time of service. I assume responsibility for all charges incurred in the care of this/these animals. I understand that appropriate forms of payment include Cash, Check, Discover, MasterCard, Visa, Debit Cards and Care Credit.

Signature: _____ Date: _____

Animal Medical

Animal Medical Clinic of Chesapeake

921 North Battlefield Blvd

Chesapeake, VA 23320

757-548-2000

I have been advised and understand that "continuous care"/ hospitalization as defined by the state legislature (i.e.: the 24-hours presence of a veterinarian) is not available after normal office hours. "Continuous care" is available after hours at the emergency clinics. Any animal left in the clinic after normal office hours will be left unattended.

Office Hours are as follows:

Monday	7:30am-7pm
Tuesday	7:30am-6pm
Wednesday	7:30am-6pm
Thursday	7:30am-6pm
Friday	7:30am-6pm
Saturday	8am-12pm

Signature: _____

Date: _____