

Ruckersville Animal Hospital
8301 Seminole Trail, Ruckersville, VA 22968
434-985-7924

Welcome

Thank you for giving Ruckersville Animal Hospital the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you and welcome to RAH!

Today's Date: _____

Owner's Legal Name (*must be 18 years or older): _____

Spouse's Legal Name: _____

Physical Address: _____

No. and Street

City

State

Zip code

P.O. Box: _____

Owner's VA Driver's License #: _____ Check if you are over the age of 65 years old.

Spouse's VA Driver's License #: _____

Email Address: _____

Home Phone: _____ Cell/Other Phone: _____

Emergency Contact Name & Phone: _____

Your Place of Employment: _____ Work Phone: _____

Spouse's Place of Employment: _____ Work Phone: _____

Spouse's Cell Phone: _____

How did you learn of our hospital? (If a client recommended us, please let us know so we may thank them!):

Authorization

I hereby authorize the veterinarians at Ruckersville Animal Hospital to examine, prescribe for and/or treat my pet(s). I understand that I am fully responsible for all charges incurred and that payment **IN FULL** is due at the time of visit in the form of Cash, Visa, MasterCard, Discover, AMEX, or Care Credit. A down payment of 50% of the **ESTIMATED COST** will be due upon drop off of my pet for any scheduled procedure or surgery, with the balance due upon release. There will be a \$35 charge added for any check returned unpaid for any reason and a 1% per month finance charge will be added to any unpaid changes after 30 days. I agree to reimburse Ruckersville Animal Hospital the fees of any collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs and expenses, including reasonable attorney's fees you incur in such collection efforts. **I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER.**

Signature of Owner/Responsible Party: _____

Date: _____

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Virginia Veterinary Disclosure Form

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Hours of Operation

Monday through Friday 7:00am to 6:00pm

(Doctor's Hours 9:00am to 5:30pm)

Saturday 8:00am to 12:00pm

Please note all other times there is NO ONE on the premises. Animals are fed, watered, walked, and medicated according to their needs during the above hours.

Signature of Owner: _____

Date: _____