



Virginia Hours of Operations Disclosure Form

Pursuant to Virginia Code Section 54.1-3806.1, a veterinary practice admitting a patient to its facility must provide the client with a written disclosure of the hours and days when continuous medical care is unavailable. A veterinary facility may take charge of the patient only after the client has signed the "Virginia Hours of Operations Disclosure Form". The hours of operation at Pet Lovers Animal Hospital are as follows:

Monday	9am – 8pm
Tuesday	9am – 8pm
Wednesday	9am – 8pm
Thursday	9am – 8pm
Friday	9am – 8pm
Saturday	9am – 5pm
Sunday	Closed

Continuous medical care is not available at this facility.
If we think your pet requires continuous monitoring, we will recommend a transfer to 24-hour facility.

In addition, this facility is closed during the following holidays:

New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

These hours and days of operation are subject to change.

Cancellation Policy

A minimum of 12 hours notice is required for cancellation of appointment, clients are given 2 strikes before financial charges are administered. ***Patients will be responsible for the third section fee for missed appointments after 2 no shows or 2 less than 12 hours cancellations.*** Insurance companies will not reimburse for missed appointment. Please note there will be a \$24 charge for all returned check.

I have read, understand and agree to the above policies.

Name of Responsible Party _____

Signature of Responsible Party _____

New Client Information

Welcome to Pet Lovers Animal Hospital. Please help us provide you and your pets with the best care possible by completing the information on this form

Your Name _____ Spouse/Partner _____

Home Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Other Phone: _____

E-mail: _____

If we are unable to reach you, who may we contact in case of emergency?

Name _____ Phone _____

How do you hear about us?

Hospital Sign Referred by Newspaper Website

I. Pet Name _____ Species Canine Feline
 Breed _____ Age _____ Color _____
 Sex Male Female Neutered Yes No
 Presenting Problem/Special needs/ Concerns: _____

II. Pet Name _____ Species Canine Feline
 Breed _____ Age _____ Color _____
 Sex Male Female Neutered Yes No
 Presenting Problem/Special needs/ Concerns: _____

III. Pet Name _____ Species Canine Feline
 Breed _____ Age _____ Color _____
 Sex Male Female Neutered Yes No
 Presenting Problem/Special needs/ Concerns: _____

Save Time & Money

Yes! I'm interested in learning about substantial saving on the best care for my pet through *Pet Lovers Animal Hospital Membership Program!*

I hear by authorize Pet Lovers Animal Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that payment is required in full before diagnostics and treatments can be initiated.

 Owner's Signature

 Date