



## WELCOME

Pet's Name: \_\_\_\_\_ Owner's Full Name: \_\_\_\_\_

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

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

Co-Owner Name: \_\_\_\_\_ Co-Owner Phone: \_\_\_\_\_

### PET INFORMATION

Dog  Cat  Other: \_\_\_\_\_ Sex: M  F  Neutered/Spayed: Yes  No  Breed: \_\_\_\_\_

Pet's Birthdate/Age: \_\_\_\_\_ Color: \_\_\_\_\_ ***IS YOUR PET DIABETIC?*** Yes  No

Describe any significant prior or ongoing illness:

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Reason for pet's visit: \_\_\_\_\_

### VET INFORMATION

Vet Name: \_\_\_\_\_ Vet Practice/Clinic Name: \_\_\_\_\_

### PAYMENT INFORMATION

We will gladly prepare a written estimate of service fees ( please ask our doctor or receptionist). All professional fees are due at time services are rendered. We accept VISA, MC, DISCOVER, CARE CREDIT, CASH or CHECK. We do not accept American Express. There will be a service charge for any returned checks. *A \$50 charge will be assessed for No Call/No Show visits.*

*There is a \$5 convenience fee for each script that is printed or faxed to a pharmacy. There is no charge for scripts that are sent to your primary vet.*

To prevent the spread of infectious diseases, all hospitalized patients must be up to date on all vaccines and free from internal and external parasites.

There are NO overnight staff in VetVision Inc. building. The hours of operation are as follows:  
Monday: 8am-6pm, Tuesday: 7:30am-6pm, Wednesday: 9am to 1pm (Tech Only or by Appointment)  
Thursday: 8am-6pm, Friday: 7:30am-3pm, Saturday & Sunday: Closed

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

***ALL APPOINTMENTS CANCELLED WITH LESS THAN 24 HOURS BUSINESS WRITTEN NOTICE, PRIOR TO THE APPOINTMENT TIME ARE SUBJECT TO A \$50 CHARGE. IF YOU NEED TO CANCEL OR RESCHEDULE FOR ANY REASON, PLEASE PROVIDE WRITTEN NOTICE TO [VETVISION@VERIZON.NET](mailto:VETVISION@VERIZON.NET) OR FAX: 703-246-0067***