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AnimalVisionCenterVA.com

521 Old Great Neck Road, Suite 2, Virginia Beach, VA 23454  
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So they can see a better life.

## Client / Patient Admission Form

### 1. CLIENT INFORMATION

Owner's Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  Check box if you would **NOT** like to receive emails from Animal Vision Center of VA

Employer: \_\_\_\_\_ Preferred Method of Contact:  Phone  Text  Email

Veterinary Practice: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

### 2. PATIENT INFORMATION

Pet's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Species:  Canine  Feline  Other: \_\_\_\_\_

Sex:  Intact Male  Neutered Male  Intact Female  Spayed Female

Reason for Visit: \_\_\_\_\_

### 3. AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I will assume all financial responsibility for any and all charges incurred by my pet(s) while in the care of the doctors at Animal Vision Center of Virginia. I understand that these charges will be paid at the time services are rendered and that a deposit may be required prior to treatment.

Animal Vision Center of Virginia accepts cash, VISA, MaserCard, American Express, Discover, CareCredit, and personal check. If paying by check, please provide the following information:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
[Client Initials]  
*If I have to cancel my appointment with less than 24-hour notice, or do not show up for my scheduled appointment, I understand that I will be charged a \$40 cancellation fee to be paid prior to rescheduling this appointment or refilling previously prescribed medications*

- Check box if you would **NOT** like your pet's photo to be featured in social media
- Check box to **OPT-OUT** of using your pet's medical information for research purposes

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