



Phone (757) 749-4838
Fax (757) 932-9325
AnimalVisionCenterVA.com

520 Constitution Drive, Virginia Beach, VA 23462
228 Mount Pleasant Road, Chesapeake, VA 23322

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, MasterCard, 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: _____