



# ALDIE VETERINARY HOSPITAL



## Client Registration Form

Any adult party making medical or financial decisions regarding pets listed below must fill out this form in its entirety.

### CLIENT INFORMATION: (Please print legibly)

(Primary Owner, Physical address):

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

Senior citizen   
Active Military   
Breeder

Last \_\_\_\_\_ First \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

County \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Social Security No. : \_\_\_\_\_ Driver's License No. : \_\_\_\_\_ State Issued: \_\_\_\_\_

Employer: \_\_\_\_\_ Referred By: \_\_\_\_\_

### CLIENT INFORMATION: (Please print legibly)

(Secondary Owner, Physical address):

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

Senior citizen   
Active Military   
Breeder

Last \_\_\_\_\_ First \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

County \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Social Security No. : \_\_\_\_\_ Driver's License No. : \_\_\_\_\_ State Issued: \_\_\_\_\_

Employer: \_\_\_\_\_ Referred By: \_\_\_\_\_

(A \$25 service charge will be billed for checks returned)

I accept financial responsibility for the treatment of the below named patient(s) and understand that payment in full is due when services are rendered. There will be a 16% interest charge on all unpaid balances.

Please be advised that after our hours of operation, the staff of Aldie Veterinary Hospital provides no continuous medical care to our patients.

We are **not** staffed 24-hrs a day. Sick and injured animals requiring constant overnight care may be sent, in the sole discretion of Aldie Veterinary Hospital, to Animal Emergency Critical Care Associates at The Life Centre (TLC) in Leesburg, or another 24-hr care facility at the owner's expense. We do not have after-hours emergency service. If you have an emergency after hours, you will need to contact

The Life Centre at 703-777-5755.

#### Hospital Hours

Monday and Wednesday – 7:30am – 7:30pm

Tuesday/Thursday/Friday – 8:00am – 6:00pm

Saturday – 8:30am – 1:00pm

**We Are Closed Every Wednesday from 1:00pm until 3:00pm**

### PATIENT INFORMATION:

	PET #1	PET #2	PET #3	PET #4	PET #5
Name					
Breed					
Birth Date					
Color					
Sex	<input type="checkbox"/> F <input type="checkbox"/> Spayed	<input type="checkbox"/> F <input type="checkbox"/> Spayed	<input type="checkbox"/> F <input type="checkbox"/> Spayed	<input type="checkbox"/> F <input type="checkbox"/> Spayed	<input type="checkbox"/> F <input type="checkbox"/> Spayed
	<input type="checkbox"/> M <input type="checkbox"/> Neutered	<input type="checkbox"/> M <input type="checkbox"/> Neutered	<input type="checkbox"/> M <input type="checkbox"/> Neutered	<input type="checkbox"/> M <input type="checkbox"/> Neutered	<input type="checkbox"/> M <input type="checkbox"/> Neutered

# Admission Authorization Form *(please read carefully)*

**In the event my animal(s) is/are admitted for any surgical procedure, boarding, or any other treatment,** I authorize Aldie Veterinary Hospital, its doctors and staff, to administer such treatments and to perform such procedures that are considered therapeutically and diagnostically necessary for the care of my pet. I understand that there are risks associated with anesthesia and surgery and that the veterinarians will do their best to minimize these risks. In the event that emergency treatment is required and I cannot be reached, I authorize the doctors and staff to perform such medical and surgical treatment as is necessary, at my expense, to preserve the life of my pet until I can be contacted. I understand that no guarantee of successful treatment is made.

## **TERMS OF ALL ADMISSIONS**

- Animals that are not current on vaccinations—Dogs: DHLPP-C, Bordetella and Rabies. Cats: FVRCP, FeLV/FIV Test and Rabies (must be properly documented from a hospital) will be examined and treated at owner's expense. *NOTE: At the owner's expense, all cats and dogs will need to be up to date on annual de-worming and all dogs over five months and not currently on heartworm preventative or without proof of a heartworm test in the last year will be **REQUIRED** to have a heartworm test when admitted. At the owner's expense, any cat that is not up to date with a Felv/Fiv Test will have one when admitted to Aldie Veterinary Hospital.*
- **Only spayed or neutered animals are allowed to board at AVH unless the animal is less than 6 months of age.**
- Animals will only be admitted or discharged during posted hospital hours.
- All animals not picked up within three (3) days of scheduled discharge, and the owner has not made any attempts to make other arrangements or be in contact with the hospital, will be considered abandoned. At the discretion of the hospital, owner authorizes Aldie Veterinary Hospital to release the animal to the shelter/rescue organization of choice. The hospital assumes no liability for deserted animals.
- Though a doctor and/or hospital staff supervises all animals during hospital hours and at various other times throughout the day, there is not 24-hour supervision. Sick and injured animals requiring constant overnight care may be sent, in the sole discretion of Aldie Veterinary Hospital, to the emergency animal hospital in Leesburg at the owner's expense.
- Though the hospital and its agents shall exercise all reasonable care to prevent the spread of contagious diseases to or among the boarded animals, it must be recognized that such spread occasionally occurs. Though the hospital shall not knowingly admit any animal with a contagious disease to the boarding area, the hospital cannot guarantee against the spread of contagious disease, and shall not be responsible or liable for any such spread, or the consequences thereof.
- Regarding all animals admitted to the hospital, the hospital assumes no liability and shall be held harmless for loss or damage from disease, death, running away, theft, fire, injury to persons, other dogs or property by any animal or other unavoidable causes, due diligence and care having been exercised.
- Toys, blankets, leashes, and collars, etc. may be left, at the owner's risk of loss, theft or damage.
- **I understand there will be a 16% interest charge on all unpaid balances. In addition, if payment is not made and collection services are rendered, I understand that I will be responsible for all and any associated collection fees, court fees, bank fees, attorney fees, returned check fees, postage and such, plus the original invoice amount which will include all service charges and handling fees.**
- **I understand that at least 24 hours notice must be given for any cancelled appointment or I will be charged for the missed appointment. Additionally, I understand if I am more than 30 minutes late for an appointment without notification, I will not be seen and there will be a missed appointment fee.**
- **All dogs must be kept on leashes and all cats must be in a carrier at all times while on AVH property.**

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**I certify that I have read and understand this authorization and that I am the owner or I am responsible for the animal and have authority to execute this consent.**

I hereby indemnify and hold Aldie Veterinary Hospital, the doctors and staff, harmless from and against any and all liability arising out of the performance of treatment or procedures. I realize that in many cases it is impossible to determine in advance the full extent of medical or surgical treatment that may be required. The hospital has estimated the cost of treatment, but actual cost may be lower or higher than the estimate. I accept full financial responsibility for the treatments and/or procedures performed, and understand that payment in full is due upon release from the hospital or when services are performed.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Name

\_\_\_\_\_

Date