



Welcome to Our Clinic



**Thank you for giving us the opportunity to care for your pets.
Please take a moment to complete this form for our records in its Entirety.
Payment is due when services are rendered.**

REGISTRATION

OWNER _____ DRIVER'S LICENSE # _____ Exp. _____

ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____

HOME _____ WORK _____ CELL _____

EMPLOYER _____ EMAIL _____

*Emails are utilized for reminders and hospital communications only

SPOUSE/CO-OWNER _____ PHONE _____

DO YOU HAVE PET INSURANCE? IF SO, THROUGH WHICH COMPANY? _____

Please let us know how you heard about our clinic!

Facebook Google Drive by Referred by (we would like to thank them!) _____

PET HEALTH HISTORY

PET NAME: _____ SPECIES: Cat Dog Ferret Other _____

SEX: Male Neutered Female Spayed BREED: _____

BIRTHDAY: _____ COLOR: _____

Has your pet received vaccinations within the last year? Please provide records if possible. YES NO

Is your pet currently on any medications? If so, which ones? _____

Is your pet currently on any Heartworm or Flea Prevention? If so, which one(s)? _____

Do you have any other pets in the household? _____

Does your pet have any known anxieties/stress triggers? _____

Does your pet have any known allergies or reactions to medications? _____

Photo Release

I authorize the taking of photographs of my pets by the staff of Williamsburg Veterinary Clinic, LLC for the purpose of posting on Facebook, the WVC website, and other online sites used for the professional and promotional purposes by the LLC. The photos will remain the property of the LLC and will be made available to the owner upon request at the discretion of management.

Signature: _____

Date: _____

Authorization

As the rightful owner of the above described pet, I hereby authorize the veterinary medical staff of Williamsburg Veterinary Clinic to examine, prescribe for, and treat said pet. I assume all responsibility for the charges incurred associated with these services. A treatment plan and financial estimate for recommended services will be provided for all hospitalized pets and upon request at any time. I understand that all charges are to be paid when services are rendered and that a deposit is required for all admitted pets.

Signature: _____

Date: _____

*Our clinic accepts and offers application for **Care Credit**, an independent medical credit line company which provides interest-free payment options. We also accept **Visa, Mastercard, Discover, American Express and cash payments**. No personal checks will be accepted.