

**POTOMAC VALLEY VETERINARY HOSPITAL**  
**9553 BRADDOCK RD, FAIRFAX, VA-22032**

**Owner Information**

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

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ (DO NOT USE AS HOME PHONE)

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

**Hospital Payment Policy**

Payment is due when services are rendered. If the pet is hospitalized, the owner assumes the financial responsibility incurred and agrees to pay for all charges at the time of discharge. Abandoned animals will be released to Fairfax County Animal Control unless the owner or agent picks up the animal and pays all accrued charges within three days after notification that the animal is ready to be released. The owner understands that this action does not relieve his/her obligation to pay the above charges and all legal and court costs incurred. Animal abandonment charges may also be incurred. Accounts 90 days past due are released to a collection agency.

***I have read and understand the above statement. Initial:*** \_\_\_\_\_

A "Returned Check Fee" of **\$25.00** will be assessed to your account for any checks that are returned to our office as uncollectible.

***I have read and understand the above statement. Initial:*** \_\_\_\_\_

*You may be asked to show a form of ID at the reception desk on your first visit.*

### **Appointment Policy**

If you are unable to keep a scheduled appointment for any reason, we request 24-hour notice to reschedule your visit. If you cannot give 24 hours notice or if you miss a scheduled appointment without notification, your account will be charged a “No-Show fee” of **\$25.00**.

*I have read and understand the above statement. Initial: \_\_\_\_\_*

When entering the office please immediately check in at the front desk. We attempt to honor all appointments at the scheduled time. If you are late you may have to wait for the next available appointment or reschedule your appointment for another time.

**ALL PETS MUST BE IN CARRIERS OR LEASHED WHEN ENTERING THE HOSPITAL. DO NOT RELEASE ANIMALS FROM THEIR CARRIERS OR LEASHES WHILE WAITING IN THE RECEPTION AREA.** This policy is for the protection of both you and your pet.

*I have read and understand the above statement. Initial: \_\_\_\_\_*

\_\_\_\_\_  
Client signature

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

\_\_\_\_\_  
Witness signature