NORTHERN VIRGINIA VETERINARY ASSOCIATES

Chantilly Animal Hospital 13705 Lee Jackson Memorial Highway Chantilly, VA, 20151

Client Information

First Name	Last Name
Street Address	
City	State Zipcode
Home Phone Number	Cell Phone Number
Work Phone Number	Date of Birth*
	E-Mail Address
Pet In	nformation
Name:	Birthdate:
□Dog □Cat □Other:	□Male □Female □Neutered □Spayed
Breed:	Color:
Name:	Birthdate:
□Dog □Cat □Other:	□Male □Female □Neutered □Spayed
Breed:	Color:

Please specify the hospital where you permission to release medical history:	•	ure constitutes
How did you find out about Chantilly A Sign/location Advertisement/Coupon	□ Community Phonebook	□ Internet □ Rescue
Group:		
□ Personal Recommendation: Name		
Falls Church (703.532.6121) • Centreville Sc (703.250.4	quare (703.222.9682) • Chantilly (703.80 100) • Linden (540.667.4290)	02.8387) • Companion
Peanut Law		
Effective July 1, 1991, the Commonweal animal care facilities to disclose the hour situation where there is a possibility that of time. The law also REQUIRES that w	s that medical staff is not on duty. The your pet may stay in the hospital over	e law applies to any
Thank you.		
************	***********	*****
NO medical staff is on duty from		
7:00pm Monday to 7:30am Tuesday 7:00pm Tuesday to 7:30am Wednesday 7:00pm Wednesday to 7:30am Thursday 7:00pm Thursday to 7:30am Friday 6:00pm Friday to 7:30am Saturday 1:00 pm Saturday to 7:30 am Monday. NO medical staff is on duty on Holidays		
I understand there is an emergency clinic that, if needed, I will make the necessary	±	•
************	***********	*****
Signature:	Date:	

Financial Responsibility Agreement

To the best of my knowledge, the information provided to this office is complete and accurate. I acknowledge that <u>ALL</u> charges incurred in this office are my responsibility. I agree to be responsible and to pay for all services performed by this office. I understand that if my account remains unpaid by me for a period of 30 days, it may be referred to an attorney for collection, and that I further agree to be responsible and pay for all costs incurred, including 35% attorney's fees (minimum of \$75.00) and interest at 1.5% per month (18% per annum).

I have read	this form	in its	entirety	and I	am a	aware o	of the	staffing	hours,	listed
above.										

Signature:	Date:
Digitature.	Dutc.

Effective July 1, 2018 Virginia state law requires veterinarians to participate in the Prescription Monitoring Program (PMP) to help combat diversion of controlled substances. We are required to obtain your birth date to comply with the reporting requirements.