

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

**OWNER INFORMATION**

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

C/S/Zip: \_\_\_\_\_

DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

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

C/S/Zip: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_ Email Address: \_\_\_\_\_

**Partner/Spouse/Guarantor's Information**

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

Home Phone No. \_\_\_\_\_ DL#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

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

C/S/Zip: \_\_\_\_\_

**Animal Information**

Dog Cat Other \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M / F Altered: Y / N

Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_

I authorize the staff at this veterinary practice to take photographs, to use with the following media entity(ies):

Facebook\_\_ Instagram\_\_ YouTube\_\_ Olldominionanimalhospital.com \_\_

I do not authorize Old Dominion Animal Hospital to take photos or videos of my pet \_\_

I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information.

In order for us to keep a lower cost basis, it is the policy of this office to expect payment for the services when rendered. In the event that it becomes necessary to turn an account over for outside collection, I agree to pay all costs related to collection, to include court costs and attorney fees that may ensue.

Signed: \_\_\_\_\_

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

Virginia Veterinary Disclosure Form  
Per VA state code #54.1-3806.1  
(Please Read Carefully Prior to Signing)

**Old Dominion Animal Hospital is open:**

Monday - Friday 7:30 AM to 6:00 PM  
Saturday 8:00 AM to 12:00 PM Starting July 1st 2021 we will be open every other Saturday. We will be ending Saturdays January 1st 2022

We are closed Sunday and Holidays.

**We schedule appointments:**

Monday-Friday 8:30 am-12pm and 2pm-5pm  
Saturday 8am-12pm  
We are closed Thursday from 1:00 - 2:00 pm for an office meeting

**Boarding Hours:**

Monday - Friday 7:30 am - 5:00 pm  
Saturday 7:30 am - 9:00 am  
Sunday 4:30 pm - 6:00 pm

Please understand that appointment times are limited. If you must cancel your appointment, we respectfully request 24 hour notice. Missed appointments, or appointments cancelled without 24 hour notice, will incur a fee of \$30; with exception of appointments made same day as long as given 2 hrs notice to cancel appointment. Missed scheduled surgery appointments will incur a fee of \$65.00; with exceptions due to weather.

This is to inform you that we have no in-house, on duty continuous medical staff care:

Overnight, from closing time daily to opening time at 7:30 AM  
Weekends, from closing Saturday at 12:00 to opening Monday at 7:30 AM  
Holidays, from closing time the day before the holiday to opening time the day

after the holiday at 7:30 AM

Holidays falling on Monday, from closing time on Saturday at 12:00 to opening time on Tuesday at 7:30 AM

During business hours and medical staffing hours we are prepared to receive any and all emergencies. If your emergency is not critical, please call ahead to allow us time to prepare for your specific emergency.

In the case of an emergency after hospital hours please call Greenbrier Emergency Animal Hospital at (434) 202-1616.

I HAVE READ THE ABOVE DOCUMENT AND AM AWARE OF THE STAFFING HOURS AND 24 HOUR EMERGENCY SERVICE AVAILABLE.

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_