

**Warwick Animal Hospital, Ltd.**

**CLIENT/PATIENT INFORMATION**

Home Telephone Number:

Name:

Address:

Apartment Number:

City, State, Zip Code:

Place of Employment:

Employment Phone Number:

Social Security Number:

Spouse:

Spouse's Place of Employment:

Employment Phone Number:

Social Security Number:

Emergency Contact (Name, Phone):

Referred By:

E-mail Address:

**PET INFORMATION**

NAME	DOG, CAT, OR EXOTIC	BREED	DATE OF BIRTH	COLOR	SEX	NEUTERED OR SPAYED	ANY KNOWN ALLERGIES

**Payment is required for all services at the time they are rendered.  
Photo ID required.  
We accept cash, checks, Visa, MasterCard, American Express, or Discover.**

\_\_\_\_\_  
SIGNATURE

**LAW EFFECTIVE JULY 1, 1991**  
**CODE OF VIRGINIA**

§ 54.1-3806.1. **Disclosure forms required.** Any animal medical care facility in the Commonwealth, excluding those facilities dealing with livestock, as defined in § 3.796.66, which does not provide continuous medical care for all animals left in its charge shall, before taking charge of an animal, provide the client or agent thereof with a disclosure form which specifies the hours and days when continuous medical care is not available at the facility. Except in emergency situations when time or circumstances do not permit, such facilities may take charge of an animal only after the client or agent thereof has signed the disclosure form and returned it to the facility. Signed disclosure forms shall be kept on file by all such facilities.

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**VIRGINIA VETERINARY DISCLOSURE FORM**

(Please read *carefully* before signing)

Warwick Animal Hospital has business and medical staffing hours as follows:

**Monday through Friday 7:00 AM to 5:30 PM**

**Saturday 7:00 AM to 12:00 PM (noon)**

**Closed on Sundays and Holidays**

Continuous staffing is not provided during the hours this facility is closed. However, medical and kennel staff are present during those hours on a non-continuous basis to provide for the proper care for your pet.

Patients requiring continuous monitoring and medical treatment (i.e., intensive care) at times of non-continuous staffing by this facility can be transferred by the owner or their agent to the Emergency Veterinary Clinic, where after-hours staffing is provided. Any expenses incurred at the Emergency Veterinary Clinic will be the responsibility of the owner and will be payable to the Emergency Veterinary Clinic.

For the safety of your pet, this hospital is protected by a continuously-monitored fire detection and intruder alert system that immediately notifies the fire or police department.

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I have read this form and I am aware of the above staffing hours.

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

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

Client or Agent Thereof