



New Client Information

Name _____

Date _____

Co-Owner's Name _____

Address

Contact Numbers
Primary _____
Secondary _____
Alternate _____
Co-Owner _____

E-Mail address _____ OK to contact via email? Y N

Driver's License #/State _____ Employer _____

How did you hear about Towne Animal Clinic?

- Location/Sign Humane Society Animal Shelter Other Veterinarian
Website Facebook/Youtube Internet Reviews/Search Veterinarians.com
Welcome Wagon Towne Staff Member _____ Other _____

Friend/Family (please list so that we can thank them) _____

I give my permission to photograph or videotape my pet(s) while in the hospital for use by Towne Animal Clinic in educational and/or promotional material (ie staff education, Facebook posts, etc).

The State of Virginia requires that we notify you that continuous medical care is not available at this facility from 8 p.m. to 7:30 a.m. Monday through Friday and from 1 p.m. Saturday until 7:30 a.m. the following Monday. If we feel that your pet needs continuous care during these hours, we will notify you and make arrangements to transfer your pet to *The Life Center* in Leesburg.
In case of an emergency, we will attempt to contact you to discuss and get permission for treatment. If we can not reach you in a timely manner, we will act in the best interest of your pet.

Financial Policies:

We will gladly prepare an estimate upon request. **All fees are due at the time services are rendered**, and a deposit may be required before services are performed. **We accept cash, checks, Visa, MasterCard, Discover and Care Credit.** We reserve the right to charge a fee for missed appointments or appointments that are cancelled with less than 24 hours notice.

I understand that any balance due must be paid at discharge. I am also responsible for an additional fee if a check is returned due to insufficient funds or an invalid account. In the event that this account is referred to an attorney for collection, whether or not a suit is brought, the undersigned agrees to pay any and all costs associated therewith, including attorney's fees of 33% of the outstanding balance due, together with interest thereon at the rate of 18% per annum. You must be 18 years or older to assume financial responsibility for a pet.

Client's Signature

Printed Name

Date