

Swift Creek Animal Hospital
2331 Colony Crossing Place
Midlothian, VA 23112
(804) 744-7222



New or Revised (Circle)

Date of Completion: ___/___/___

Owner Last Name:	Owner First Name:	
Co-Owner Last Name:	Co-Owner First Name:	
Address:	City:	Zip:
Home Phone:	Cell Phone:	
Work/Other:	Employer:	
Email:	Referred By:	

Other Person(s) authorized to bring my pet in for treatment:

I. Treatment Authorization and Payment Terms:

I AGREE that I or my agent will make payment in full at any time product or service is provided for my pet or any animal brought into the hospital by me or my agent. I understand that NO billing or payment plan options will be offered by Swift Creek Animal Hospital. I understand there is a service charge (of 1.75% or \$5.00, whichever is greater) that may occur and accrue each thirty (30) day period that an outstanding balance stands on my account. If a balance is not paid in full, I agree to pay all collection and court costs, including attorney fees. I certify that I am 18 years of age or older and the information given above to be accurate.

II. Virginia Veterinary Medical Staff Hours Disclosure

Swift Creek Animal Hospital's Business hours:

Monday – Thursday

8:00 a.m. – 7:00 p.m.

Friday

8:00 a.m. – 6:00 p.m.

Saturday

8:00 a.m. – 2:00 p.m.

Swift Creek Animal Hospital has medical staff on site during the stated hours listed. Continuous medical care will not be provided on site during any time not listed above. I have read and understand the medical staff hours listed.

III. Photos:

Swift Creek Animal Hospital has permission to use any photos taken of you and/or your dog/cat during your visit for training and/or advertising purposes. Name of owner will not be printed or released; however, you give us permission to use your pet's name.

By signing below, I acknowledge and accept the terms and conditions stated in sections I, II and III (outlined above).

Client Signature: _____ Date: _____

Spouse Signature: _____ Date: _____