



Charlottesville Veterinary Hospital  
865 Rio East Court  
Charlottesville, VA 22901

# Client Information Form

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Spouse/Other Authorized Persons \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Phone Numbers \_\_\_\_\_

Emergency Contact (if we are unable to reach you at the above numbers):

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

<p>Would you rather receive exam and vaccine reminders by:    <input type="checkbox"/> Mail    or    <input type="checkbox"/> Email</p> <p>E-Mail Address _____ @ _____</p>
---

<p>How did you first hear about our hospital?</p> <p><input type="checkbox"/> Friend; someone we may thank? _____</p> <table> <tr> <td><input type="checkbox"/> Yellow Pages for location</td> <td><input type="checkbox"/> Yellow Pages for services provided</td> </tr> <tr> <td><input type="checkbox"/> American Animal Hospital Association Referral</td> <td><input type="checkbox"/> Veterinarian</td> </tr> <tr> <td><input type="checkbox"/> Village Animal Hospital Client</td> <td><input type="checkbox"/> Charlottesville Animal Hospital Client</td> </tr> <tr> <td><input type="checkbox"/> Internet</td> <td><input type="checkbox"/> Print Ads in Local Papers</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Yellow Pages for location	<input type="checkbox"/> Yellow Pages for services provided	<input type="checkbox"/> American Animal Hospital Association Referral	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Village Animal Hospital Client	<input type="checkbox"/> Charlottesville Animal Hospital Client	<input type="checkbox"/> Internet	<input type="checkbox"/> Print Ads in Local Papers	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Yellow Pages for location	<input type="checkbox"/> Yellow Pages for services provided									
<input type="checkbox"/> American Animal Hospital Association Referral	<input type="checkbox"/> Veterinarian									
<input type="checkbox"/> Village Animal Hospital Client	<input type="checkbox"/> Charlottesville Animal Hospital Client									
<input type="checkbox"/> Internet	<input type="checkbox"/> Print Ads in Local Papers									
<input type="checkbox"/> Other _____										

<p align="center"><b>PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.</b></p> <p>We will gladly prepare a written estimate for services provided, upon request. Any outstanding balance is subject to billing, finance, and/or collection fees.</p> <p>To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. Any animals found to have internal or external parasites, will be treated per doctor recommendations.</p> <p>I have read and fully understand the above statements.</p> <hr/> <p>Owner Signature _____ Date _____</p>
--