



## NEW CLIENT INFORMATION

PRIMARY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME#: \_\_\_\_\_ CELL#: \_\_\_\_\_ WORK#: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SECONDARY OWNER: \_\_\_\_\_ CELL#: \_\_\_\_\_

If you have pet insurance, please list here: \_\_\_\_\_

Do you approve of us sending them records if they ask? Y: \_\_\_\_\_ N: \_\_\_\_\_

What is the name and contact number for your current or most recent vet:

VET NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**IN CASE OF AN EMERGENCY, WHO IS A THIRD PARTY WE CAN CALL?**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US:** \_\_\_\_\_

### **PAYMENT IS REQUIRED AT TIME OF SERVICE.**

In order to help keep costs down and to continue to provide the highest quality of veterinary medicine, we require payment in full at the time services are rendered. For your convenience, we accept Cash, Visa, Mastercard, Discover, American Express, Care Credit, and Checks (with appropriate I.D.) If for any reason a portion of the balance remains unpaid at the time of service, the client agrees to pay a five-dollar processing fee that will be assessed monthly in addition to 1.5% interest on balances older than 30 days. If a client defaults on payment, the client also agrees to pay all costs (including but not limited to collection and/or reasonable attorney's fees, court costs and any other fees or costs) that occur during normal collection procedures.

***In cases where payment issues arise, such as a returned check or disputed credit card transaction, having a verified identity helps resolve these matters efficiently and protects the clinic from financial losses.***

DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## AI PATIENT INFORMED CONSENT NOTICE

Before we proceed with your appointment, we want to inform you about an important aspect of how we document our consultations. We utilize an AI notetaking tool to ensure that we can focus more on our conversation with you and less on manual notetaking, which enhances the quality of care you and your pet receive.

By signing below, you acknowledge and consent to the use of this technology. Please understand that your information will be handled with the utmost care and will be used solely for improving your healthcare experience.

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PHOTO & VIDEO PERMISSION

The Care Team at Jermantown Animal Hospital spends a lot of time with your pet while they're here for a procedure, boarding, or other visits. We would like to share this time with you by posting pictures and videos on Facebook, our website, or other networking and communications venues. However, before we post any pictures or videos of your pet, we'd like your permission.

I hereby permit Jermantown Animal Hospital (the Hospital) to use pictures and videos taken at the Hospital in which my pet may appear for purposes of communications and marketing about the Hospital. The results are considered the property of Jermantown Animal Hospital and may not be sold or reused without express consent of Jermantown Animal Hospital.

I understand and agree to the above:

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## VIRGINIA VETERINARY DISCLOSURE FORM

**Please read carefully before signing.**

**Jermantown Animal Hospital has business hours as follows:**

Monday, Tuesday, Thursday and Friday: **8am–6pm**  
Select Saturdays: **8am–12:30pm**  
Wednesdays, Sundays, and Major Holidays: **CLOSED**

**Medical staffing hours are as follows:**

Monday and Friday: **8am–6p**  
Tuesday and Thursday: **8am–3p**  
Select Saturdays: **8am–12:30p**  
Wednesdays, Sundays, and Major Holidays: **CLOSED**

Therefore, this is to inform you that we have no in-house, on-duty continuous staffing when the facility is closed. Patients who need continuous care may be transferred by the owner to a 24-hour emergency medical center.

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

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_