

**WESTERN BRANCH VETERINARY HOSPITAL
NEW CLIENT REGISTRATION
(Please complete entire form)**

Owner's Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: _____ **Cell Phone #:** _____ **Call Home or Cell first?** H C

Owner's Employer/Occupation: _____ **Phone #:** _____

Spouse/Co-Owner's Name: _____ **Cell Phone#:** _____

Spouse/Co-Owner's Employer/Occupation: _____ **Phone #** _____

E-mail Address (for reminders and PawPoints reward program): _____

May we e-mail reminders to you? Y N

Emergency Contact: _____ **Phone #:** _____

If you were referred to our office, whom may we thank? _____

Previous Veterinarian: _____ **Phone #:** _____

I hereby consent to release of medical records, if necessary: _____

Client Signature

Pet's Name	Sex	Breed	Color	Date of Birth/age	Last Vaccines
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed Female				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed Female				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed Female				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed Female				

**WESTERN BRANCH VETERINARY HOSPITAL
3320 TAYLOR ROAD
CHESAPEAKE, VA 23321
(Phone) 757-483-1055
(Fax) 757-483-4128**

VIRGINIA VETERINARY DISCLOSURE FORM
(Please read carefully before signing)

Western Branch Veterinary Hospital has business and medical staffing hours as follows:

Monday through Friday: 7:30 AM to 6:00 PM

Saturday 8:00 AM to 2:00 PM

Sunday: CLOSED

Exceptions: HOLIDAYS (see below)

Therefore, this is to inform you that we have no in-house, on-duty continuous medical staff care:

- (1) Overnight, from closing time daily to opening time at 7:30 AM the next business day;**
- (2) Weekends, from closing time Saturday at 2:00 PM to opening time Monday morning at 7:30 AM;**
- (3) Holidays, from closing time before the holiday to opening time the next business day after the holiday at 7:30 AM;**
- (4) Holidays falling on Monday, from closing time Saturday at 2:00 PM to opening time on Tuesday at 7:30 AM.**

On Sundays and Holidays, hospital staff, including Doctors, Technicians, etc. are on duty and on-call according to the medical needs of our boarding/hospitalized patients.

I HAVE READ THIS FORM AND I AM AWARE OF THE ABOVE STAFFING HOURS.

Date: _____ Signed: _____
Client Signature