



Welcome



Personal Information

Name: _____ Primary Phone: _____
Is the above number a cell? Yes No

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Owner Date of Birth: _____

Co-Owner/Spouse: _____ Phone: _____
Is the above number a cell? Yes No

Secondary E-Mail: _____

How did you learn about our practice? _____



Pet(s) Information

Name: _____ Dog Cat

Sex: Male Female Neutered/Spayed: Yes No Birthdate/Age: _____

Breed: _____ Color: _____

Name: _____ Dog Cat

Sex: Male Female Neutered/Spayed: Yes No Birthdate/Age: _____

Breed: _____ Color: _____

Willow Animal Hospital Payment and Credit Policy

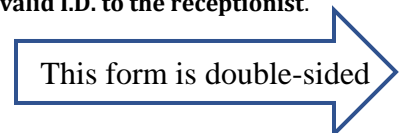
Our office does not offer billing. Payment is Due on the day of service; our doctors will gladly prepare a written estimate during your appointment. In some instances, we require a deposit prior to treatment. We accept all major credit cards, cash, and Care Credit.

We **DO NOT** accept personal checks.

By signing this form, you are stating that you are at least 18 years of age and legally responsible for payment for each visit for each pet listed above. You also, agree to pay for all services in full when your pet is released from the hospital, including those deemed necessary for medical and surgical complications or unforeseen circumstances as outlined on the enclosed authorization forms. I agree that should my account become delinquent, I will be responsible for all collection costs, including but not limited to the outstanding balance, interest, attorney fees, court costs, and collection agency fees.

Signature: _____ Date: _____

We are now also offering a Discount to all Military or Law Enforcement, when you present a valid I.D. to the receptionist.





Virginia Veterinary Disclosure Form

Willow Animal Hospital has business and staffing hours as follows:

Monday thru Friday 8 am – 8 pm

Saturday 8 am – 10 pm

Sunday for Urgent Care 8 am – 4 pm

Closed on Holidays:

New Year's Day

Memorial Day

July 4th

Labor Day

Thanksgiving

Christmas

This is to inform you that we have no in-house, on duty continuous medical staff from closing to opening on any night of the week, all day Sunday or any holiday. If 24-hour continuous care of a patient is necessary, owners may transfer their pets to an animal emergency hospital of their choice for the duration of hours that our clinic is closed.

If emergency care is required for your pet while we are closed, please call

**MedVet Northern Virginia
703-361-8287**

By signing below, you confirm that you have read this form and understand the staffing hours and care policies of Willow Animal Hospital.

Signature : _____ Date : _____



Willow Animal Hospital Picture and Media Release Form

I hereby grant Willow Animal Hospital permission to take photographs and videos of me and my pet for the purpose of posting on the Willow Animal Hospital website, Facebook, YouTube, Twitter, LinkedIn, advertising materials and in our hospital.

I hereby release and discharge Willow Animal Hospital from all claims arising out of use of the photos or videos.

Willow Animal Hospital has my permission to use: (Check One)

- Only my pet's name(s)
- My pet's name and my first name
- My pet's name(s) and my first and last name
- My pet's name and my last name

By signing this consent form, I give authorization to use my name and my pet's name as printed below.

Pet's printed name: _____

Owner's printed name: _____

Owner's signature: _____ Date _____

Witness: _____ Date: _____