



# Welcome



## Client Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Home

E-Mail: \_\_\_\_\_ Secondary E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Required for calling in prescriptions

Co-Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Home

Preferred Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular Veterinarian (if you have come for an ER/Urgent Visit): \_\_\_\_\_



## Pet(s) Information

**Pet 1 Name:** \_\_\_\_\_ Dog  Cat  Male  Female  Neutered/Spayed

DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet 2 Name:** \_\_\_\_\_ Dog  Cat  Male  Female  Neutered/Spayed

DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet 3 Name:** \_\_\_\_\_ Dog  Cat  Male  Female  Neutered/Spayed

DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet 4 Name:** \_\_\_\_\_ Dog  Cat  Male  Female  Neutered/Spayed

DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

## Discount Program

We are pleased to offer a discount for the following groups in honor of your service and commitment. To take part in the discount program, you must show your identification and select one of the following during your initial visit.

\_\_\_\_ Law Enforcement      \_\_\_\_ Military (Active/Inactive)

\_\_\_\_ 501c Rescue Group      \_\_\_\_ Veterinary Employee

This form is double-sided.

### Payment and Credit Policy

Our office does not offer payment plans. Payment is due at the time 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.

### Virginia Veterinary Hours Disclosure

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 4<sup>th</sup>                                      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**

### 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)

- Pet name only (no last name)                       Pet and client name  
 Photo only, no name                                       Decline

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. I agree, 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. I acknowledge I have read this form and understand the staffing hours and care policies of Willow Animal Hospital. If marked, I agree to the media release terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form completion checked by: \_\_\_\_\_