



Falls Church Animal Hospital

Complete, Compassionate Care
For Your Companion
NVVA

New Client Information

1249 West Broad Street Falls Church VA, 22046
703.532.6121

First Name

Last Name

Street Address

City

State

Zipcode

Home Phone Number

Work Number

Cell Phone Number

E-Mail Address

Pet Information

1.

Name

Birthdate

Dog Cat

Male Female

Neutered Spayed

Breed

Color

2.

Name

Birthdate

Dog Cat

Male Female

Neutered Spayed

Breed

Color

Please specify the hospital where your pet was vaccinated. Your signature constitutes permission to release medical history.

How did you find out about Falls Church Animal Hospital?

Sign/Location

Phonebook

Website

Advertisement/Coupon

Social Media

Rescue Group: _____

Personal Recommendation: _____

Name



Effective July 1, 1991, the Commonwealth of Virginia passed a law that requires all non-24 hour animal care facilities to disclose the hours that medical staff is not on duty. The law applies to any situation where there is a possibility that your pet may stay in the hospital overnight for any period of time. The law also **REQUIRES** that we maintain a sign where indicated.

Thank you.



NO medical staff is on duty from 7:00pm Monday to 7:00am Tuesday, 8:00pm Tuesday to 7:00am Wednesday, 6:30pm Wednesday to 7:00am Thursday, 6:30pm to 7:00am Friday and 6:30pm Friday to 7:00am Saturday. NO medical staff is on duty from 3:00 pm Saturday to 7:00 am Monday. NO medical staff is on duty on Holidays. I understand there is an emergency clinic open during those hours when the Hospital is closed and that, if needed, I will make the necessary arrangements to have my pet transferred.

Signature: _____

Date: _____



Financial Responsibility Agreement

To the best of my knowledge, the information provided to this office is complete and accurate. I acknowledge that ALL charges incurred in this office are my responsibility. I agree to be responsible and to pay for all services performed by this office. I understand that if my account remains unpaid by me for a period of 30 days, it may be referred to an attorney for collection, and that I further agree to be responsible and pay for all costs incurred, including 35% attorney's fees (minimum of \$75.00) and interest at 1.5% per month (18% per annum).

I have read this form in its entirety and I am aware of the staffing hours, listed above.

Signature: _____

Date: _____