

NEW CLIENT/PET INFORMATION FORM
BOULEVARD VETERINARY HOSPITAL

Mr/Mrs/Ms/Dr. First Name _____ M.I. _____ Last Name _____
(Primary#) Cell Number _____ Secondary Number _____
Address _____
City _____ State _____ Zip Code _____
Driver's License No: _____ State: _____ D.O.B. _____
Employer _____ Business Phone _____
Employer Address _____
E-mail _____

Spouse's Name _____
Driver's License No: _____ State: _____ D.O.B. _____
Spouse's Employer _____ Business Phone _____
Spouse's Employer Address _____

Total Pets in Household: Dogs: _____ Cats: _____

Do you have a Doctor preference that you would like noted on your account? _____
Please list any person(s) permitted to authorize treatment for or bring your pet to our practice: _____

How did you hear about our hospital? Whom may we thank for referring you? _____

I/We undersigned agree that **all services are to be paid in full at the time they are rendered.** I understand that if a balance is not paid, I will be responsible for, in addition to the initial balance, any collection and/or reasonable attorney fees that are incurred in effort to collect this debt. Boulevard Veterinary Hospital accepts Cash/Check/Mastercard/Visa/Carecredit as forms of payment. I understand that there is a **\$50.00 fee for all returned checks.** I understand a copy of my driver's license will be needed for all forms of payment, except cash. This copy is confidential and for payment purposes only. **All sales are final, no returns on products and prescriptions. Fees for services are not refundable.**

In accordance with with code of Virginia Section: 54-3806, I acknowledge that the Boulevard Veterinary Hospital does not provide continuous medical care between the hours of 7:00PM Monday- 8:00AM Tuesday; 5:50PM Tuesday- 8:00AM Thursday; 5:30pm Thursday- 8:00AM Friday; 5:30PM Friday- 8:00AM Saturday; 1:00PM Saturday- 8:00AM Monday.

No Show Cancellation Policy: Boulevard Veterinary Hospital has a no-show cancellation policy in order to ensure all clients have timely access and availability to our physicians. **Less than 24 hour notification of canceled appointments or boarding reservations will result in a \$50.00 charge to the client.**

Prescription Refill Policy: Please call or email (prescriptionrefills@blvdvet.com) 24 hours in advance for refills.

The undersigned certifies that He/She/We is(are) at least 18 years of age and that He/She/We is(are) the owner(s) and/or responsible party for the below described animal(s) and is duly authorized to execute decisions made for them. **All information I have provided is true. I have read and understand the above the above stated information.**

Owner(s) Signature _____

Date _____