

Welcome to our Practice!

Please complete all fields below. All information must be kept current.
Should there be any changes to the information below, please contact our office to make updates.

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____ Work Phone _____

Spouse/Partner's Employer _____ Work phone _____

How did you hear about our hospital (please mark one): Personal Referral from: _____

Website Facebook Yelp Walk-in Other _____

We cannot give diagnoses by phone or through email. Please call for an appointment during regular business hours.

****ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED****

Payment: I agree to pay for any and all services rendered by Hickory Veterinary Hospital at the time services are rendered. Hickory requires clients to pay a 50% deposit (based on the high end of the service estimate that shall be provided) for drop-off treatment procedures, dentals, surgeries, and boarding services. All checks, with the exception of business checks, will be deposited electronically via Telecheck services. There will be a \$50.00 fee for any unpaid checks. Hickory will not accept starter checks as payment. Interest of 18% annually (1.5% monthly) will accrue on any outstanding balances after 30 days. If collection becomes necessary, I will pay all costs including attorney's fees at 33 ½ %. I will be responsible in full for collection and legal fees.

Preventative Care: To prevent the spread of infectious diseases and parasites, all hospitalized and boarded patients must be current on all vaccines and free of internal and external parasites. The vaccines required for dogs are rabies, DACPP, and Bordetella. The vaccines required for cats are rabies, FVRCP, and FELV. My signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Prescriptions: An appointment may be required to refill some medications. We require that you call in prescription requests at least three business days in advance of when you need them refilled. If you lose a prescription for controlled substances (i.e. tramadol or phenobarbital) we will be unable to replace them or have them refilled early. This is necessary to ensure we are in compliance with Drug Enforcement Administration regulations and professional guidelines. This is the standard of practice in the Commonwealth of Virginia. Also, please be aware that these drugs are kept in a lockbox and are not accessible when a physician is not present, such as during lunch hours. Demanding that prescriptions be written or called in the same day will not accelerate the process. We cannot be flexible with this policy.

Appointments: If you are ten minutes late or later for your appointment, we may need to reschedule in order to keep appointments running on time. We require 24 hour notice if an appointment needs to be cancelled. We have a 24 hour voicemail that is available should you need to cancel after hours. Call (757) 548-1548 and leave a message.

Courtesy: Foul language, in any form, against any of our staff members will not be tolerated and will result in immediate termination from our practice.

Photo Release: I grant to Hickory Veterinary Hospital the right to take photographs of me and my pets. I authorize Hickory Veterinary Hospital, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hickory Veterinary Hospital may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature of Responsible Party:

Agent/Owner _____ Date _____

For Office Use Only:

WLS: _____ RLS: _____ R#: _____