



New Client Form
Stephanie Shane, DVM
Kimberly Nelsen, DVM
Jenny Askin, DVM
Amanda Hurley, DVM
Anna Campbell, DVM
(703) 897-0100
5548 Staples Mill Plaza
Woodbridge, Virginia 22193
www.StaplesMillVet.com

OWNER(S) INFORMATION

Owner's Name: _____ Spouse: _____
Street Address: _____ Unit: _____
City: _____ State: _____ Zip: _____
Cell: _____ Spouse Cell: _____
Driver Lic #: _____ (Only if paying by check)
E-mail Address: _____

PET INFORMATION

Pet's Name: _____ Dog / Cat _____ Birthday: _____
Breed: _____ Color: _____ Male Neutered Female Spayed
History: _____

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Breed: _____ Color: _____ Male Neutered Female Spayed
History: _____

HOW DID YOU HEAR ABOUT STAPLES MILL ANIMAL HOSPITAL?

If it was a friend, please let us know who we may thank. _____
Website Facebook Sign Google Yelp Other: _____

SIGNATURE

ALL FEES ARE DUE AT THE TIME OF SERVICES
A 1.5% Monthly interest fee will be assessed on all past-due balances. The undersigned owners agree that Staples Mill Animal Hospital shall be entitled to recover its attorneys' fees and costs incurred as a result of any past due balances.

Owner Signature: _____ Date: _____



Admission Policies

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Current Vaccinations:

All patients admitted to the hospital must be current on the following vaccines.

Canine: Distemper/Parvo, Rabies, Bordetella

Feline: Distemper, Rabies

If vaccines are not on record and proof of vaccination is not provided, we will need to vaccinate your pet upon admission. It takes approximately 4 days to develop immunity following vaccination with an Intra-nasal Bordetella vaccine; therefore, if your pet is vaccinated upon admission, we cannot guarantee protection from this disease.

Unscheduled Baths and Prescription Diarrhea Meds:

Many dogs and cats will experience diarrhea associated with stress or separation anxiety. We feed a bland diet to help alleviate this issue; however, prescription medications may also be necessary to make your pet as comfortable as possible. Also, if required, your pet will be given a bath to keep them clean and comfortable. Any prescription meds and necessary baths will be charged to your account.

Parasite Control:

All patients must be free of fleas and ticks prior to admission to the hospital. If required, we will treat your pet for fleas and ticks and bill your account accordingly.

Personal Items:

Feel free to leave personal items for your pets comfort. Also, our fear-free philosophy encourages you to provide an item from home to relieve stress levels. However, pets will sometimes soil their bedding or destroy their toys during periods of stress. We cannot be responsible for the condition of personal items upon discharge. We will also permanently label these personal items to ensure their return.

Emergency Authorization:

Your signature below authorizes the attending veterinarian to perform any emergency treatment necessary while your pet is admitted to the hospital. Every effort will be made to contact you prior to treatment, but unsuccessful attempts to contact you will not delay necessary treatment. Any costs associated with emergency treatment will be billed to your account.

Your signature below indicates that you have read and understand to policies outlined above.

Print name: _____

Signature: _____

Date: _____



Payment and Credit Policy

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Payment is required when services are rendered. We accept the following forms of payment:

- Cash
- Check
- Visa, MasterCard, Discover
- American Express
- Care Credit
- Pet Insurance

We encourage all clients to review the enclosed information on Care Credit and Pet Insurance. These forms of payment provide a very nice budgeting tool in case of serious illness or injury.

Written Treatment Plans with associated costs will be provided for all procedures.

All emergency treatments will require a 50% deposit.

All balances not paid by the end of the month will incur a finance charge of 1.5% (18% per year).

Your signature on this form indicates that you are at least 18 years of age and legally responsible for payment for each visit for each pet listed on the New Client Form. You agree to pay for all services in full when your pet(s) is/are released from the hospital.

Print Name: _____

Signature: _____

Date: _____



Hours Disclosure Form

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Pursuant to a State of Virginia Law, Act 54.1 – 3806.1, effective July 1, 1991, veterinary practices admitting patients to their facilities must disclose hours of continuous medical care. Statements must be signed prior to rendering treatment and are kept on file.

Staples Mill Animal Hospital has business and medical staffing hours as follows:

Monday, Wednesday and Fridays: 7am – 7pm

Tuesday and Thursdays: 7am – 8pm

Saturdays: 8am – 1pm

Sundays: Closed

Holidays (Closed): New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas Eve and Christmas Day

This is to inform you that we have no in-house, on-duty continuous medical staff care:

- Overnight, from 7pm or 8pm as noted above to opening time at 7am the next morning.
- Weekends from closing time Saturday at 1pm to opening time on Monday morning at 7am
- Holidays above, from closing time before the holiday at 7pm or 8pm as noted above to opening time after the holiday at 7am
- Holidays falling on Monday, from closing time on Saturday at 1pm to opening time on Tuesday at 7am

I have read this form and I am aware of the staffing hours at Staples Mill Animal Hospital.

Signed: _____ Date: _____



After-Hours Emergency Policy

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The doctor(s) at Staples Mill Animal Hospital will see emergencies during normally scheduled office hours as outlined in our Hours Disclosure Form and at their discretion during off hours. It is in your and your pet's best interest to call before bringing him/her in if at all possible. This will allow the staff to triage your pet to best indicate if you should come in or if you should be referred to an emergency hospital.

If you are calling during off hours and your pet is in critical condition, please call the following emergency center:

Veterinary Referral Center of Northern Virginia
(Emergency Department, select option 1)

703-361-8287

Print Name: _____

Signature: _____

Date: _____