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AnimalVisionCenterVA.com

520 Constitution Drive, Virginia Beach, VA 23462  
228 Mount Pleasant Road, Chesapeake, VA 23322

So they can see a better life.

## Client / Patient Admission Form

### 1. CLIENT INFORMATION

Owner's Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  Check box if you would **NOT** like to receive emails from Animal Vision Center of VA

Employer: \_\_\_\_\_ Preferred Method of Contact:  Phone  Text  Email

Veterinary Practice: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

### 2. PATIENT INFORMATION

Pet's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Species:  Canine  Feline  Other: \_\_\_\_\_

Sex:  Intact Male  Neutered Male  Intact Female  Spayed Female

Reason for Visit: \_\_\_\_\_

### 3. AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I will assume all financial responsibility for any and all charges incurred by my pet(s) while in the care of the doctors at Animal Vision Center of Virginia. I understand that these charges will be paid at the time services are rendered and that a deposit may be required prior to treatment.

Animal Vision Center of Virginia accepts cash, VISA, MaserCard, American Express, Discover, CareCredit, and personal check. A \$25 fee will be charged for any returned checks. If paying by check, please provide the following information:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
[ Client Initials ]

*If I have to cancel my appointment with less than 24-hour notice, or do not show up for my scheduled appointment, I understand that I will be charged a \$50 cancellation fee to be paid prior to rescheduling this appointment or refilling previously prescribed medications.*

Check box if you would **NOT** like your pet's photo to be featured in social media.

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