



Phone (757) 749-4838
Fax (757) 932-9325
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: Employer: Preferred Method of Contact: Veterinary Practice: Veterinarian:

2. PATIENT INFORMATION

Pet's Name: Date of Birth/Age: Breed: Color: Species: Sex: Reason for Visit: How Did You Hear About Us?

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.

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 Signature: Date: 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.