



538 E. Constance Rd.  
Suffolk, Va 23434  
(757)925-2011

## WELCOME - New Client Information Sheet

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Which would be a primary number? **(Circle One)**      Primary      Secondary

Email: \_\_\_\_\_

Please choose a preferred method of contact: (Circle one)    Text    Email    Phone

**All individuals listed above will be recognized as the legal owners of all pets associated with this account. Should there be a need to separate the account in the future, verbal authorization will be required from all listed parties.**

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our clinic? Previous Client \_\_\_\_\_ Friend \_\_\_\_\_ Internet \_\_\_\_\_ Location \_\_\_\_\_

Personal Recommendation (Whom may we thank?) \_\_\_\_\_ Other \_\_\_\_\_

**\*\*We do not bill. All fees are due at the time that services are rendered.\*\***

We accept CareCredit, Visa, MasterCard, Discover, and American Express as well as cash, and Scratchpay.

I give permission for photos and videos of my pet to be used in all forms of social media, including Facebook, YouTube and Twitter. ☐ YES ☐ NO

**I certify that I am the person responsible for authorizing and paying for all medical procedures and expenses for the listed pet(s).**

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

### PLEASE FILL OUT INFORMATION ABOUT YOUR PET BELOW:

Name: \_\_\_\_\_ Species: Dog Cat      Age/ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: M / F    Spayed/ Neuter? Y / N

Medical History/ Chronic Illnesses: \_\_\_\_\_

Name: \_\_\_\_\_ Species: Dog Cat      Age/ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: M / F    Spayed/ Neuter? Y / N

Medical History/ Chronic Illnesses: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Preferred Doctor (if applicable): \_\_\_\_\_

Please list the names of all individuals (other than you) who are authorized to make medical decisions for your pet (please note the individual must be older than 18 years of age).


Please list the names of any individuals/companies who you authorize having access to your pet's medical records (insurance companies, groomer, boarding facility, rescues, etc) and indicate if they are allowed access to the full medical record (often needed by insurance companies) or just the vaccine records.

	Full Medical Record	Vaccines Only
	Full Medical Record	Vaccines Only
	Full Medical Record	Vaccines Only
	Full Medical Record	Vaccines Only
	Full Medical Record	Vaccines Only
	Full Medical Record	Vaccines Only

Finally, please indicate whether or not you allow us to release your records to other veterinarians should they call and ask for records (emergency hospitals, referral hospitals, second opinions, other general practitioners, etc). Please initial your preference below:

\_\_\_\_\_ I allow release of my medical records to other Veterinary Offices should they call and ask for records.

\_\_\_\_\_ I do not allow release of my medical records to other Veterinary Offices unless my consent is obtained immediately following each request.

In the event that any of these preferences or authorizations change, please notify us immediately so that we can update our records.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



Tidewater Animal Clinic  
538 E. Constance Road Suffolk, VA 23434  
757-925-2011

## Hours of Operation

In accordance with VA Code § 54.1-3806.1 and 18 VAC150-20-200, we are required to provide you with this form, which details when continuous staffing and medical care is not available at this office.

The office is staffed from 8:00 AM – 6:00 PM Monday, Wednesday, and Friday, from 8:00 AM – 7:00 PM Tuesday and Thursday, and from 8:00 AM – 12:00 PM Saturday. Continuous medical care is not provided from 6:00PM – 8:00 AM Monday, Wednesday, Friday, from 7:00PM – 8:00AM Tuesday and Thursday, and from 12:00PM Saturday to 8:00AM Monday. The office is closed Sundays and major holidays.

After hours care and treatment is at the discretion of the veterinarian. **If you have an emergency outside of regular business hours, please visit our website at [tidewateranimalclinic.com](http://tidewateranimalclinic.com) for a list of local veterinary emergency clinics.**

Printed Name: \_\_\_\_\_

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



## Tidewater Animal Clinic

538 E. Constance Road Suffolk, VA 23434

757-925-2011

### Cancellation Policy

We require a 24 hour notice when needing to cancel or reschedule an appointment, either by phone, voicemail, text, or email. If the appointment is canceled or rescheduled within 24 hours of the appointment time, we will need to collect a deposit of \$60 to reschedule and for any future appointments. If the cancellation policy is breached while there is a deposit on your account, the deposit will be forfeited.

Printed Name: \_\_\_\_\_

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