



4730 Pouncey Tract Road, Glen Allen, Va. 23059

804-360-0100

www.virginiavet.net

New Client Registration

Owner/Owners: _____

Address: _____

City, State, Zip Code: _____

Home: _____ Cell: _____ Work: _____

Email address: _____

How did you hear about us? _____

Pet Name: _____

Pet Name: _____

Species: _____ Breed: _____

Species: _____ Breed: _____

D.O.B. _____ Color: _____

D.O.B _____ Color: _____

Sex: _____ Spayed/Neutered: _____

Sex: _____ Spayed/Neutered: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or prolonged hospitalization.

X

Signature of Responsible Party

X

Date