

Bon Air Animal Hospital
2749 McRae Rd
Richmond VA, 23235

New Client Information Form

Thank you for giving us the opportunity to care for your pets.
So that we may be better acquainted, please complete the following:

Name: _____ Spouse's Name: _____

Employment: _____ Employment: _____

Employment ph: _____ Employment ph: _____

Social Security #: _____ Social Security #: _____
(only if writing checks)

Home Address: _____ City _____ State _____ Zip _____

Home Phone #: (_____) _____ - _____ Cell Phone #: (_____) _____ - _____

Email Address _____

How did you become aware of our clinic? _____

Pet Information

Pet name _____

Pet name _____

Breed _____

Breed _____

Date of Birth _____

Date of Birth _____

Color _____

Color _____

Sex: Male or Female
Spayed or Neutered? _____

Sex: Male or Female
Spayed or Neutered? _____

Vaccination History

Rabies date: _____
Bordetella _____
Distemper _____
Coronavirus _____
Heartworm Check _____
Fecal Check _____
Feline Leukemia _____
Feline Leukemia/AIDS Test _____

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Payment Policy

Due to the operational costs we have established the following policy of PAYMENT IN FULL at the time services are rendered. We accept VISA, MASTERCARD, PERSONAL CHECK, CARE CREDIT, or CASH. A 50% deposit is required with all major hospital or surgical cases. In case of non-payment the owner is responsible for all collection fees. On all returned checks there is a \$30.00 bookkeeping fee added to the balance.

I HEREBY UNDERSTAND AND AGREE TO THE AFOREMENTIONED PAYMENT POLICY
OF THE BON AIR ANIMAL HOSPITAL.

Signature: _____ Date: _____

State of Virginia Client Disclosure Form

Bon Air Animal Hospital is open from 8am to 7pm Monday through Friday. Saturday's hours are from 9am to 12pm. This is to inform you that medical personnel are on duty during these hours only. NO IN-HOUSE, ON-DUTY, CONTINOUS MEDICAL CARE IS AVILABLE EXCEPT FOR THE ABOVE STATED HOURS.

I have read this form and am aware of the above staff hours.

Signature: _____ Date: _____