



Virginia Hours of Operations Disclosure Form

Pursuant to Virginia Code Section 54.1-3806.1, a veterinary practice admitting a patient to its facility must provide the client with a written disclosure of the hours and days when continuous medical care is unavailable. A veterinary facility may take charge of the patient only after the client has signed the “Virginia Hours of Operation Disclosure Form”. The hours of operation at Pet Lovers Animal Hospital are as follows:

Monday	9:00 AM - 7:00 PM
Tuesday	9:00 AM - 7:00 PM
Wednesday	9:00 AM - 7:00 PM
Thursday	9:00 AM - 7:00 PM
Friday	9:00 AM - 7:00 PM
Saturday	9:00 AM - 4:00 PM
Sunday	CLOSED

Overnight medical care is not available at this facility.

If we think your pet requires continuous monitoring, we will recommend a transfer to 24-hour facility.

In addition, this facility is closed during the following holidays:

New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & Christmas Day

These hours and days of operation are subject to change.

Cancellation Policy

A minimum of 12 hours notice is required for cancellation of appointment, clients are given 2 strikes before financial charges are administered. Clients will be responsible for the third section fee for missed appointment after 2 no shows or 2 less than 12 hour cancellations. (\$50 will be charged and credit card information will be needed).

I have read, understand, and agree to the policies above.

Print name of responsible party _____

Signature of responsible party _____



New Client Information

Welcome to Pet Lovers Animal Hospital. Please help us provide you and your pets with the best care possible by completing the information below

Your Name _____ Spouse/ Partner _____

Home Address _____ Apt # _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Home Cell Work

Other Phone # _____ Home Cell Work

E-mail: _____

If we are unable to reach you, who may we contact in case of emergency?

Name _____ Phone # _____

How did you hear about us? Hospital Sign Referred by _____ Website



I. Pet Name _____ Species Canine Feline

Breed _____ Date of Birth/Age _____ Color _____

Sex Male Female Neutered/ Spayed Yes No

Presenting Problem/Special Needs/ Concerns: _____

II. Pet Name _____ Species Canine Feline

Breed _____ Date of Birth/Age _____ Color _____

Sex Male Female Neutered/ Spayed Yes No

Presenting Problem/Special Needs/ Concerns: _____

III. Pet Name _____ Species Canine Feline

Breed _____ Date of Birth/Age _____ Color _____

Sex Male Female Neutered/ Spayed Yes No

Presenting Problem/Special Needs/ Concerns: _____

I, the undersigned, am the owner (or duly authorized agent for the owner) of the animal described above. I hereby authorize Pet Lovers Animal Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services to which I consent to by written or verbal estimate and understand that payment is required in full at the time of service.

Signature of responsible party

Date