

# NORTHERN VIRGINIA VETERINARY ASSOCIATES

Centreville Square Animal Hospital  
14215-L Centreville Square  
Centreville, VA 20121

## Client Information

First Name															Last Name																
Street Address																															
City															State																
Zipcode															-																
Home Phone Number															Cell Phone																
Number															-		-														
Work Phone Number															Date of																
Birth*																															
E-Mail Address																															

## Pet Information

Name: _____	Birthdate: _____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	
Breed: _____	Color: _____
_____	
Name: _____	Birthdate: _____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	
Breed: _____	Color: _____
_____	

Please specify the hospital where your pet was vaccinated. Your signature constitutes permission to release medical history:

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How did you find out about Centreville Square Animal Hospital?

- Sign/location                       Community Phonebook                       Internet  
 Advertisement/Coupon                       Yellow Pages                       Rescue

Group: \_\_\_\_\_

- Personal Recommendation: Name
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Falls Church (703.532.6121) • Centreville Square (703.222.9682) • Chantilly (703.802.8387) • Companion (703.250.4100) • Linden (540.667.4290)

### **Peanut Law**

Effective July 1, 1991, the Commonwealth of Virginia passed a law that requires all non-24 hour animal care facilities to disclose the hours that medical staff is not on duty. The law applies to any situation where there is a possibility that your pet may stay in the hospital overnight for any period of time. The law also **REQUIRES** that we maintain a sign where indicated.

Thank you.

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NO medical staff is on duty from

8:00pm Monday to 7:30am Tuesday  
6:00pm Tuesday to 7:30am Wednesday  
6:00pm Wednesday to 7:30am Thursday  
8:00pm Thursday to 7:30 am Friday  
6:00pm Friday to 7:30am Saturday  
1:00 pm Saturday to 7:30 am Monday.  
NO medical staff is on duty on Holidays

I understand if there is an emergency clinic open during the hours when the Hospital is closed and that, if needed, I will make the necessary arrangements to have my pet transferred.

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

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

**Financial Responsibility Agreement**

To the best of my knowledge, the information provided to this office is complete and accurate. I acknowledge that **ALL** charges incurred in this office are my responsibility. I agree to be responsible and to pay for all services performed by this office. I understand that if my account remains unpaid by me for a period of 30 days, it may be referred to an attorney for collection, and that I further agree to be responsible and pay for all costs incurred, including 35% attorney's fees (minimum of \$75.00) and interest at 1.5% per month (18% per annum).

**I have read this form in its entirety and I am aware of the staffing hours, listed above.**

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

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

\*Effective July 1, 2018 Virginia state law requires veterinarians to participate in the Prescription Monitoring Program (PMP) to help combat diversion of controlled substances. We are required to obtain your birth date to comply with the reporting requirements.