LEESBURG VETERINARY HOSPITAL

Welcome To Our Practice!

The Doctors and staff of the Leesburg Veterinary Hospital offer your pet the highest quality animal care in a warm, courteous, and professional manner. *"Caring is what we do best"* for our clients and patients.

Client Information (Please Print)

Name Mr. Mrs. Ms. Dr. _____

Address _____ Apt #_____

City _____ State_____ Zip _____

Home #_____ Cell #_____ Work #_____

Preferred phone number to call first: _____

Email Address _____

Employer: _____ Occupation: _____

Co-owner Name Mr. Mrs. Ms. Dr. _____

Home #_____ Cell #_____ Work #_____

Email Address _____

How did you find out about us? (Referral, drive-by, Google search, website, social media, etc.) _____

Name the person or place who referred you: _____

Allergies in your household? If so, please specify: _____

What pet insurance do you have? _____

I authorize LVH to use my or my pets' images on the web/social media or for in-clinic use: Yes _____ No _____

Patient Information

Previous Veterinarian: _____ City: _____ Phone #: _____

	Pet #1	Pet #2	Pet #3	Pet #4	Pet #5
Name					
Species/ Breed					
Color					
Date of Birth					
Sex (Circle)	F Spayed M Neutered	F Spayed M Neutered	F Spayed M Neutered	F Spayed M Neutered	F Spayed M Neutered

Financial Responsibility Agreement

I am requesting that veterinary care be provided for pets presented by me or by agents acting on my behalf.
I understand that the hospital staff will provide a treatment plan of current and anticipated charges anytime I request one.
I understand if the balance is not paid in full at the time of service, a monthly interest charge of 1.5% (or 18% annum) will be incurred.
I am aware that any check returned by my bank will incur a fee of $30.00.

Desired Payment Method (Please circle one)

Cash Check Visa Mastercard Discover American Express Care Credit

I accept financial responsibility for the treatment of the patient(s) listed above and understand that payment is due in full when services are rendered.

_____

Print Name **Signature** **Date**