



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	F Spayed	F Spayed	F Spayed	F Spayed
	M Neutered	M Neutered	M Neutered	M Neutered	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



In the event my pet(s) are admitted for supportive care, surgical procedures, boarding, grooming, or any other treatment, I authorize Leesburg Veterinary Hospital, its doctors and staff, to administer such treatments and procedures that are in the best medical and therapeutic interest of my pet. We are happy to provide you with a treatment plan outlining medical care and associated fees prior to the admission of your pet(s).

Overnight Hospital Stay: In the event your pet requires an overnight hospital stay for the purpose of supportive care, post-operative recovery, medical illness, or boarding, I realize that 24-hour monitoring is not available. Leesburg Veterinary Hospital hours are as follows:

Monday—Thursday	8:00AM—8:00PM
Friday	8:00AM— 7:00PM
Saturday	8:00AM— 2:00PM
Sunday	Closed

Therefore, we do not have in-house continuous medical care during overnight weekdays, from 8:00PM—8:00AM; weekends from 2:00PM Sat—8:00AM Monday; and holidays, from 8:00PM the night before the holiday to 8:00AM the day after the holiday. A doctor and technician are on call on weekends and holidays and make daily visits to the hospital at reasonable intervals or at the discretion of the doctor.

Your pet will be evaluated for stability prior to the veterinarian’s departure at the end of each evening. Should your pet require continuous 24-hour care, we recommend transferring your pet to Animal Emergency Critical Care Associates at The Life Centre (TLC) in Leesburg, at the owner’s expense.

Emergency: In the event of an emergency involving my pet during their stay at Leesburg Veterinary Hospital, I authorize the doctors and professional staff to stabilize my pet, which may include surgery and anesthesia. Every attempt will be made to reach me by phone before procedures begin.

Anesthesia: I understand that all anesthesia procedures involve some minimal risk to my pet. I realize that extra safety precautions, monitors, and an anesthetic nurse are present at all times in order to make the procedure as safe as possible. Having been informed of the above risks, I entrust the life and safety of my pet to the doctors of Leesburg Veterinary Hospital. I assume all risks having been informed of possible complications.

Patient Discharge: I understand that my pet will be discharged during the regular hospital hours listed above.

Fees: I agree to pay for my pet’s treatment and care in full as outlined in the *Financial Responsibility Agreement* at the time of patient discharge.

Authorization: I accept the terms listed above in the event my pet(s) are admitted to Leesburg Veterinary Hospital.

Print Name

Signature

Date