



## NEW CLIENT REGISTRATION



Owner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ZIP: \_\_\_\_\_ County/City: \_\_\_\_\_ State: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Co-Owner: \_\_\_\_\_

Spouse/Co-Owner Phone: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our Clinic? \_\_\_\_\_

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Payment is due at the time service is rendered. For your convenience we accept cash, checks, Visa, Discover, Care Credit, and MasterCard. If there are any billing questions, please address them with the office staff or a veterinarian prior to the visit so that we can most effectively address your concerns.

I hereby assume financial responsibility for all professional services rendered, anesthetics, pharmaceuticals, hospitals fees and costs incurred for procedures performed on my pet(s). In the event that this account becomes delinquent, it will be turned over to an attorney for collection and I agree to pay all additional costs and additional attorney's fees associated with the collection. I understand that payment is required at the time service is rendered. To my knowledge, all of the above information is correct.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

So that we can contact you as needed, please keep our office staff updated on any changes in the above information. The information is kept within the practice for veterinary medical communication needs only – never for outside party solicitation.

### **Photo Authorization: Please Initial the Following**

\_\_\_\_\_ I hereby grant and authorize Cave Spring Veterinary Clinic the right to take and make use of pictures or video taken of me or my pet to be used in and or/for an lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, websites, social networking sites and other print and digital communications, without payment or any other consideration.

# PET REGISTRATION

Pet Name (#1) \_\_\_\_\_ Birth Date \_\_\_\_\_  
Dog/Cat/Other

Breed \_\_\_\_\_ Color \_\_\_\_\_ Male Neutered  
Female Spayed  
(Circle)

Previous Medical Problems \_\_\_\_\_

Special Info / Medications / Precautions \_\_\_\_\_

Previous Veterinarian / Address \_\_\_\_\_

## VACCINE INFORMATION

Dog (#1)	Date	Cat (#1)	Date
Rabies Vacc (1 yr / 3 yr)		Rabies Vacc (1 yr / 3 yr)	
Distemper/Parvo Comb. Vacc.		Distemper Comb. Vacc	
Kennel Cough Vacc.		Leukemia Vacc.	
Other:		Other:	
Other:		Other:	
Heartworm Test		Leukemia Test	
Heartworm Preventative Name		Feline AIDS Test	

Pet Name (#2) \_\_\_\_\_ Birth Date \_\_\_\_\_  
Dog/Cat/Other

Breed \_\_\_\_\_ Color \_\_\_\_\_ Male Neutered  
Female Spayed  
(Circle)

Previous Medical Problems \_\_\_\_\_

Special Info / Medications / Precautions \_\_\_\_\_

Previous Veterinarian / Address \_\_\_\_\_

## VACCINE INFORMATION

Dog (#2)	Date	Cat (#2)	Date
Rabies Vacc (1 yr / 3 yr)		Rabies Vacc (1 yr / 3 yr)	
Distemper/Parvo Comb. Vacc.		Distemper Comb. Vacc	
Kennel Cough Vacc.		Leukemia Vacc.	
Other:		Other:	
Other:		Other:	
Heartworm Test		Leukemia Test	
Heartworm Preventative Name		Feline AIDS Test	



Cave Spring Veterinary Clinic  
4538 Old Cave Spring Road  
Roanoke, VA 24018  
~\*~  
Telephone (540) 989-8582



## Clinic Staffing Hours

Cave Spring Veterinary Clinic routine veterinary medical staffing hours are as follows:

Monday	7:30AM	To	6:00PM
Tuesday	7:30AM	To	6:00PM
Wednesday	7:30AM	To	5:30PM
Thursday	7:30AM	To	6:00PM
Friday	7:30AM	To	5:30PM
Saturday	8:00AM	To	12:00PM
Sunday	Closed		
Holidays	Closed		

The Clinic will also be staffed as needed to provide treatments after hours but does not routinely provide continuous overnight staffing. If ongoing veterinary medical treatment requires additional monitoring after-hours the following options are available:

1. Transfer to Emergency Veterinary Services
2. Transfer to Virginia Tech College of Veterinary Medicine ICU Ward
3. Private-Duty Licensed Veterinary Technician Care on premises

Please note that all of the above options are billed separately and not considered in estimates for care provided at Cave Spring Veterinary Clinic.

Please feel free to speak with a doctor if you have any questions or concerns regarding any aspect of your pets' veterinary care while at our facility.

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

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