

## **Client Registration Form**



Client ID \_\_\_\_\_

Last Name:	First Name:	Title:	
Address:	Market Control of the	City:	
State:	Zip Code:	County:	
Home Phone:	Cell:	Work:	
Email:			
Spouse / Co-Owner:		Spouse / Co-Owner Phone:	
Emergency Contact:		Phone:	
Preferred method of contact:	☐ Home Phone ☐ Cell	□ Text □ Work □ Email	
How did you hear about our cli	nic?		-
-	neck, Visa, MasterCard, Ame	convenience, Cave Spring Veterinary Clinic acceperican Express, and Discover. If you have any billinterinarian prior to your visit.	
	· · · · · · · · · · · · · · · · · · ·	he pets in my chart. Payment is required at the red before any surgical treatment or hospitalization	on.
Signed:		Date:	
Please keep o	ur office updated on change	s to the above contact information.	
	Photo Autho	rization	
	Please Initial the	Following	
pet in lawful promotional mate	rials including, but not limit	ic to use any pictures or videos taken of me or meed to flyers, posters, advertisements, websites, unications, without payment or any other	У



## 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	8:00AM	To	6:00PM
Tuesday	8:00AM	To	6:00PM
Wednesday	8:00AM	To	6:00PM
Thursday	8:00AM	To	6:00PM
Friday	8:00AM	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 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.

any aspect of your pets	vetermary care white at our facility.
I have read this form an	d I am aware of the above staffing hours and options.
Date:	Signed: