



Client Registration Form

Client ID _____



Last Name: _____ First Name: _____ Title: _____

Address: _____ 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 clinic? _____

Payment is due at the time services are rendered. For your convenience, Cave Spring Veterinary Clinic accepts payment in the form of cash, check, Visa, MasterCard, American Express, and Discover. If you have any billing questions, please speak with the office manager or your veterinarian prior to your visit.

I hereby assume financial responsibility for all charges for the pets in my chart. Payment is required at the time services are rendered. I agree a deposit may be required before any surgical treatment or hospitalization.

Signed: _____ Date: _____

Please keep our office updated on changes to the above contact information.

Photo Authorization

Please Initial the Following

_____ I hereby authorize Cave Spring Veterinary Clinic to use any pictures or videos taken of me or my pet in lawful promotional materials including, but not limited to flyers, posters, advertisements, websites, social networking sites, and other printed or digital communications, without payment or any other consideration.



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.

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

Date: _____ Signed: _____