



Abbey Animal Hospital  
1949 Lynnhaven Pkwy. #1524  
Va. Beach Va. 23453

# REGISTRATION

Office Use Only

Client #: \_\_\_\_\_

## Client Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Driver's license #

\_\_\_\_\_  
Street Address (DO NOT USE PO BOX ADDRESS)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

( ) - \_\_\_\_\_  
Home Phone #

( ) - \_\_\_\_\_  
Cell Phone #

( ) - \_\_\_\_\_  
Work Phone #

@ \_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Spouse/Other's Name

\_\_\_\_\_  
Place of Employment

### How did you hear about us? (please circle one)

Yellow Pages.com

Phone Book

VetsNearYou.com

Sign (walk-by)

K9 Carnival

SPCA Walk

OTHER: (please elaborate):  
\_\_\_\_\_

InYourArea.com

Comercial/TV/Radio

Friend (if so then whom?): \_\_\_\_\_

### PET'S INFORMATION:

\_\_\_\_\_  
Pet's Name

\_\_\_\_\_  
Sex

Spayed or neutered?

Yes No

\_\_\_\_\_  
Rabies Tag #

\_\_\_\_\_  
City License tag #

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Age

<breed>

Breed

\_\_\_\_\_  
Color

\_\_\_\_\_  
Species

(inside or outside)

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Microchip #

Where does your pet sleep? \_\_\_\_\_

PREFERRED METHOD TO RECEIVE LAB RESULTS:  E-MAIL  PHONE CALL

CHECK HERE IF YOU WOULD **NOT** LIKE YOUR PET FEATURED ON OUR SOCIAL MEDIA PAGES AND WEBSITE.

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT ABOVE PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES THAT OCCUR IN THE CARE OF ABOVE PET. I ALSO UNDERSTAND THAT ALL CHARGES MUST BE PAID AT THE TIME OF SERVICES.

SIGNATURE OF OWNER : \_\_\_\_\_ DATE \_\_\_\_\_



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Abbey Animal Hospital is staffed during normal hospital hours which are:

Monday, Wednesday, Friday	7:30AM to 6:00PM;
Tuesday and Thursday	7:30 AM to 7:00PM;
Saturdays	8:00AM to 1:00PM.
Sundays	CLOSED

**Hours Abbey Animal Hospital is NOT staffed are:**

Monday, Wednesday, Friday	from 6:00 PM ~ 7:30 AM the following Morning
Tuesday and Thursday	from 7:00 PM ~ 7:30 AM the following Morning
Saturdays	from 1:00 PM ~ 7:30 AM on Monday Morning

## **AFTER HOURS:**

Sundays, and holidays, staff members or the doctors make rounds to feed, walk, and medicate all animals staying in our facility. **However, constant monitoring is NOT AVAILABLE after hours.**

***Emergency hospitals are available to provide treatment; monitoring, and hospitalization for post surgical or critical care animals when our hospital is closed.***

***I have Read, understand and shall comply with the above policy.  
I also understand that Abbey Animal Hospital is not staffed after hours.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
WITNESS



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## **PAYMENT POLICY**

-Please be advised that all pets that are not picked up by the closing of any given day will be boarded at the owners' expense.

-Pickup time for boarding is 2:00 PM. If pet is picked up after pick-up time then additional charges will apply. Exceptions are Grooming and Doggie Daycare.

-Drop off time for boarding is Monday, Wednesday, and Friday between 8:00AM and 5:00PM, Tuesday and Thursday between 8:00AM-6:00PM, and Saturday 8:00AM-12:00PM.

***\*\*Be advised that if pet is not dropped off during drop off times, there is a LATE FEE.***

-Owners must provide proper vaccine records. I understand that if records are not provided, Abbey Animal Hospital will give all required vaccines.

Unfortunately due to some credit abusers, **PAYMENT IS DUE AT THE TIME THE SERVICE IS RENDERED.** As we receive no charitable donations or government subsidy this policy will insure Abbey Animal Hospital will be able to continue to provide quality care to all its patients.

1. PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED. We accept cash, Care Credit, and all major credit cards.
2. **THERE WILL BE A \$25.00 CHARGE FOR FAILURE TO CANCEL APPOINTMENT WITHOUT A FULL 24 HOUR NOTICE.**
3. All surgeries must be paid for upon DROPPING OFF your pet.
4. I understand that upon arriving late for a scheduled appointment, there will be a convenience/late fee.
5. In all emergency cases a deposit equal to 50% of estimated treatment costs is required. The balance is due upon completion of treatment.
6. Please feel free to discuss fees for services before those services are performed. A written estimate can be made upon request. Estimates are only an ESTIMATE and not to be considered a final quote.
7. NO CASH REFUNDS. SALES OF **ALL** medications and prescriptions are final.
8. WE MUST POINT OUT THAT OBTAINING PROFESSIONAL SERVICES KNOWINGLY WITHOUT INTENT OR ABILITY TO PAY, OR WRITING A BAD CHECK CONSTITUTES FRAUD UNDER THE LAWS OF VIRGINIA.

**I UNDERSTAND THERE WILL BE A \$25.00 CHARGE FOR FAILURE TO CANCEL APPOINTMENT WITHOUT A FULL 24 HOUR NOTICE.**

*I have read, understand and shall comply with the above payment policy*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
WITNESS



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## NEW PET QUESTIONNAIRE

Pet's Name \_\_\_\_\_ Your name: \_\_\_\_\_

1.) Do you have any other pets? \_\_\_\_\_

If Yes please circle species and number you have:

\_\_\_\_\_ Canines      \_\_\_\_\_ Felines      \_\_\_\_\_ Birds

\_\_\_\_\_ Reptiles      \_\_\_\_\_ Pocket      \_\_\_\_\_ Rabbit

\_\_\_\_\_ Ferret

\_\_\_\_\_ Other (Please list): \_\_\_\_\_

2.) When was your pet's last visit to the vet and what was he/she being seen for?

\_\_\_\_\_  
\_\_\_\_\_

3.) Has your pet ever had a vaccine reaction to your knowledge?

If yes, please list vaccine & treatments received: \_\_\_\_\_

\_\_\_\_\_

4.) I acknowledge that my pet is:

( ) NOT AGGRESSIVE to my knowledge

( ) Food/Water/Toy AGGRESSIVE

( ) Cage AGGRESSIVE

( ) Animal AGGRESSIVE

( ) AGGRESSIVE & WILL BITE

5.) Is your pet spayed/neutered? [ ] Not to my knowledge [ ] Yes

If yes, when did the surgery take place? \_\_\_\_\_



6.) Please check all that apply to your pet's medical history:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Food allergies                     | <input type="checkbox"/> Has Seizures  |
| <input type="checkbox"/> Hypothyroidism  | <input type="checkbox"/> Autoimmune Deficiency              | <input type="checkbox"/> Has Arthritis |
| <input type="checkbox"/> Heart Murmur    | <input type="checkbox"/> On special diet for bladder stones | <input type="checkbox"/> Blind         |
| <input type="checkbox"/> Diabetic        | <input type="checkbox"/> On special diet for renal failure  | <input type="checkbox"/> Deaf          |

Other problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.) Does your pet have any allergies?  None I'm aware of  Yes; please list below:

_____	_____
_____	_____
_____	_____
_____	_____

8.) Is your pet currently on any medications including heartworm/flea prevention? \_\_\_\_\_

If yes please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.) Has your pet had any recent surgeries? If so when and what type: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10.) Any other special care instructions you'd like the doctor to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_