



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

Sign (walk-by)

InYourArea.com

VetsNearYou.com

OTHER: (please elaborate):

Friend (if so then whom?): _____

The Person who referred you will receive a \$25.00 medical credit!

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 _____
(must be 18 years of age or older)



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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

-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.

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 (must be 18 years of age or older)

Date

Print Name

WITNESS



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PAYMENT POLICY

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 ensure 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 SHOW FOR YOUR SCHEDULED APPOINTMENT WITHOUT CONTACTING US TO CANCEL OR RESCHEDULE PRIOR TO YOUR APPOINTMENT TIME.**
3. All surgeries must be paid for upon picking up your pet.
4. In all emergency cases an emergency deposit of estimated treatment costs is required. Any additional balance is due upon completion of treatment.
5. Please feel free to discuss fees for services before those services are performed. A written treatment plan can be made upon request. Treatment plans are only an ESTIMATE and not to be considered a final quote.
6. NO CASH REFUNDS. SALES OF ALL medications and prescriptions are final.
7. Any credit on account will be void after 12 months

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

Signature (must be 18 years of age or older)

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?

Previous Veterinarian: _____

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? _____

