



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

SPCA Walk

Sign (walk-by)

K9 Carnival

InYourArea.com

Comercial/TV/Radio

OTHER (please elaborate): _____ Friend (if so then whom?): _____

PET'S INFORMATION:

Pet's Name

Sex

Spayed or neutered?

Yes No

Breed

Color

Age

Species

Birthday

(inside or outside)

Allergies

Where does your pet
sleep? _____

Has your pet ever had a
professional dental cleaning?

Yes No

If so then when? _____

PREFERRED METHOD TO RECEIVE LAB RESULTS: E-MAIL PHONECALL

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

Hours Abbey Animal Hospital is NOT staffed are:

Monday, Wednesday, Friday	from 6:00 PM – 7:30AM the following morning
Tuesday and Thursday	from 7:00 PM – 7:30 AM the following morning
Saturday	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

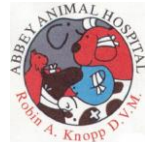
Cage AGGRESSIVE

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? _____



1949 Lynnhaven Pkwy
Virginia Beach, VA 23453
(757) 471-1003

Advanced Directive

At Abbey Animal Hospital, it is our mission to provide your pet with the highest quality medical care. We achieve this by working with you, the client, to determine what is in your pet's best interest.

Sometimes, situations can occur in which a pet may experience sudden cardiac or respiratory arrest. These instances create a situation in which decisions must be made very quickly in regards to the treatment and care of your pet. With this in mind, we want to ensure that we provide your pet with the treatment you feel is appropriate.

_____ I DO want life saving procedures performed on my pet as necessary

_____ I DO NOT want life saving procedures performed on my pet as necessary

Please keep in mind, if emergency procedures are performed, they will result in additional charges for the treatment or medications that are administered in this circumstance.

We will keep this form in your pet's chart for the life of your pet, and should you decide at any point that you want to change your decision, please let our staff know and we will update it at that time.

Pet Name

As the legal owner of above listed pet, I consent to the method of treatment I have chosen above. I will not hold Abbey Animal Hospital or any agents thereof personally or legally responsible for the results of the treatment I have selected. I understand that even if life saving procedures are administered, there is no guarantee of the outcome. I also agree to all charges incurred due to any emergency procedures performed.

Signature

Date