

WELCOME

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fill in this form completely.

CLIENT INFORMATION			
Name:			Home Phone:
Address:			Work Phone:
City:	State:	Zip:	Email:
Driver's License #:			Cell Phone:
Spouse/Co-owner:			Work Phone:
Emergency Contact:			Home Phone:
Other Family Member(s):			
How Did You Hear About Us?			
<input type="checkbox"/> Drove By	<input type="checkbox"/> Internet Search <input type="checkbox"/> Yahoo <input type="checkbox"/> Google		
<input type="checkbox"/> Open House Invitation	<input type="checkbox"/> The YELLOW BOOK		
<input type="checkbox"/> New Resident Welcome Letter	<input type="checkbox"/> Community Phone Book (Red Book)		
<input type="checkbox"/> Referral, Who May We Thank?	<input type="checkbox"/> The VERIZON Yellow Pages		
<input type="checkbox"/> Website	<input type="checkbox"/> Other?		
PET INFORMATION			
Pet's Name:	Birth Date:	Canine	Feline
Breed:		Male	Neutered
Color:		Female	Spayed
Pet's Name:	Birth Date:	Canine	Feline
Breed:		Male	Neutered
Color:		Female	Spayed
Pet's Name:	Birth Date:	Canine	Feline
Breed:		Male	Neutered
Color:		Female	Spayed

Where may we obtain medical records? _____

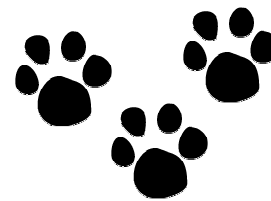


Hours of Operation

Monday - Friday 7:30am to 8:00pm
 Saturday 9:00am to 4:00pm
 Sunday 10:00am to 2:00pm

We are closed the following holidays:

New Year's Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.



Authorization

I hereby authorize the veterinarian(s) employed by Carling Hands Animal Hospital to examine, prescribe for, and/or treat the above described pet/s. I assume responsibility for all charges incurred in the care provided. I also understand that payment is to be rendered at the time of service. Deposits may be required in some instances. For services requiring hospitalization including boarding fees are to be paid in full at discharge. In the event of returned check or non-payment, I agree to be responsible for any additional fees associated with collection.

Client Signature _____ Date _____



Arlington
2955 C S. Glebe Road
Arlington, VA 22206
703.535.3100

Ashburn
43300 Southern Walk Plaza
Ashburn, VA 20148
703.726.0446

Bristow
12733 Braemar Village Plaza
Bristow, VA 20136
703-368-7300

Centreville
5659 Stone Road
Centreville, VA 20120
703-830-5700



Virginia Veterinary Hours Disclosure Form

As required by Virginia Law, we ask you to read the hours of operation and sign below.

Hospital Hours:

Monday - Friday 7:30 AM to 8:00 PM

Saturday 9:00 AM to 4:00 PM

Sunday 10:00 AM to 2:00 PM

Hospital does not have attending staff or continuous care the following hours:

- Overnight: Monday - Friday 8:00 PM - 7:30 AM
Saturday 4:00 PM - 9:30 AM
Sunday 2:00 PM - 7:30 AM
- Holidays: We are closed all day on the following holidays and will not be opened until the next business day:
New Year's Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

A staff member is present at least three times daily on holidays for medical boarding care.

By signing this disclosure form, I understand the hours of operation of Caring Hands Animal Hospital. I understand that there is no continuous care overnight and during holidays.

Printed Name

Signature

Date