



## **Welcome to Plaza Pet Clinic!**

**Thank you for allowing us to be your partner in your pet's health.**

### **Confidential Information and Agreement**

Client Name (Your Name): \_\_\_\_\_ Spouse/S/O: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse/ S/O Phone \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons Authorized to Bring Pets in for Treatment: \_\_\_\_\_

\_\_\_\_\_

### **How did you hear about us?**

Referral ☐ Who? So we can thank them! \_\_\_\_\_ Google ☐ Yelp! ☐ Facebook ☐ Community Event

☐ Saw building/sign ☐ Humane Society/Rescue ☐ Which one? \_\_\_\_\_ Ad ☐ Where? \_\_\_\_\_

### **Responsible Party Authorization**

In all cases, professional fees, product purchases, all costs related to treatment, testing, and boarding are the responsibility of the client, spouse, guardian, parents, or co-owner of animal(s).

**There will be a \$50 charge on all returned checks.**

**Payment is expected in full at the time of services rendered.** In the event that a payment plan is agreed to in advance by the hospital manager, finance charges (no charge if paid in 30 days of billing date) are computed by a periodic rate of 1.5% per month, which is an annual percentage rate of 18%, applied to the previous balance without deducting current payments and/or credits appearing on any given bill. There is a \$4.00 monthly billing fee that will be applied monthly until the balance is paid in full. Upon default in the payment of any bill, the above rate will be charged on the unpaid balance at 1.5% per month until the delinquency is paid. The client or responsible party(s) further agree to pay any and all collection fees incurred, as well as legal expenses, including but not limited to collection agency costs, attorney fees, all court related costs, service and filing fees, interrogatory and garnishment fees, as well as any interest that may be adjudicated for the collection of past due debt on any and all accounts with Plaza Pet Clinic.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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



**HOURS OF OPERATION:**

<b>Monday, Friday</b>	<b>8:00 AM – 5:30 PM</b>
<b>Tuesday, Wednesday and Thursday</b>	<b>8:00 AM – 8:00 PM</b>
<b>Saturday</b>	<b>8:00 AM – 12:00 PM</b>

Please note that except for the above noted hours of operation,  
continuous veterinary medical care is not available at Plaza Pet Clinic.

Signature\_\_\_\_\_ Date\_\_\_\_\_

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



206 Grocery Ave. Winchester, VA 22602

### **Waiver and Consent for Online Prescription Sources**

At Plaza Pet Clinic we understand the appeal of purchasing your pet's medication from an online pharmacy other than our own. While we are happy to approve these requests, we want to make sure you are aware of the potential risks associated with using an online pharmacy.

By purchasing medications from other online pharmacies I understand the potential for receiving ineffective product caused by improper storage and handling, short dated or expired medication, and/or counterfeit product. I also understand that the manufacturer of said product may not honor a product's guarantee if purchased from a source other than my veterinarian or their own online pharmacy.

I have read and understand the above information, I acknowledge and accept the risk, and I am aware that Plaza Pet Clinic does not recommend the use of other online pharmacies and therefore will not accept any financial responsibility for paying for or reimbursing me for any treatments required as a result of the use of products purchased through outside sources. I agree to hold Plaza Pet Clinic harmless for any deleterious effects or lack of effectiveness of drugs purchased from any other source.

I am also aware that prescription medications from other outside pharmacies can't be returned to Plaza Pet Clinic for refund. I must contact the manufacturer directly.

Please note if you have been given a written prescription for your medications, we will NOT authorize any online requests for the same medication until the written prescription is returned to us.

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**Signature of Owner/Agent Date**

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**Printed Name**

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**Relationship (if not owner)**

## New Pet Information Sheet

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Pet Information

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

Dog ( ) Cat ( ) Other \_\_\_\_\_ Breed: \_\_\_\_\_ Male

( ) Female ( ) Spayed or Neutered? Yes ( ) No ( )

Date of Birth or Approximate Age: \_\_\_\_\_ Color or Distinct Markings: \_\_\_\_\_

Any Known Medical Problems? \_\_\_\_\_

Previous Vet: \_\_\_\_\_ Previous Vet Phone Number: \_\_\_\_\_

### Additional Pet

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

Dog ( ) Cat ( ) Other \_\_\_\_\_ Breed: \_\_\_\_\_ Male

( ) Female ( ) Spayed or Neutered? Yes ( ) No ( )

Date of Birth or Approximate Age: \_\_\_\_\_ Color or Distinct Markings: \_\_\_\_\_

Any Known Medical Problems? \_\_\_\_\_

Previous Vet: \_\_\_\_\_ Previous Vet Phone Number: \_\_\_\_\_

### Additional Pet

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

Dog ( ) Cat ( ) Other \_\_\_\_\_ Breed: \_\_\_\_\_

Male ( ) Female ( ) Spayed or Neutered? Yes ( ) No ( )

Date of Birth or Approximate Age: \_\_\_\_\_ Color or Distinct Markings: \_\_\_\_\_

Any Known Medical Problems? \_\_\_\_\_

Previous Vet: \_\_\_\_\_ Previous Vet Phone Number: \_\_\_\_\_