



4730 Pouncey Tract Road, Glen Allen, Va. 23059

804-360-0100

[www.virginiavet.net](http://www.virginiavet.net)

**New Client Registration**

Owner/Owners: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

Pet Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Color: \_\_\_\_\_

D.O.B \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or prolonged hospitalization.

X

\_\_\_\_\_  
Signature of Responsible Party

X

\_\_\_\_\_  
Date