



**Read
Mountain
Animal
Hospital**

263 Arrington Lane
Roanoke, VA 24019
(540) 992-3470

Client Information

Date _____ Client's email _____

Your Name _____
 Last Name First Name Initial

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell: _____

Sex: M F Minor Single Married Divorced Widowed Separated

Employer _____ Business Phone _____

Business Address _____ Occupation _____

How did you first hear of our hospital? _____

In case of emergency, please call: _____ Phone _____

Pet Information

Pet's Name _____ Dog Cat Other _____

Age/Birthdate _____ Sex M F Breed _____ Weight _____

Neutered/Spayed Yes No At what age? _____ Color _____

Where did you obtain this pet? Friend Breeder Pet Shop Humane Society Other _____

At what age was pet obtained? _____ months/years

For what purpose was this pet obtained? Companionship Protection Breeding Show Other _____

Diet (kind of pet food) _____

Pet's History (Check all that pet has received)

DHL-PP (Distemper—Dog) Feline Leukemia Test (Cat)

Parvovirus (Dog) Dentistry

Rabies (Dog/Cat) Prior Illness _____

FVRCP (Infectious Diseases—Cat) Prior Surgery _____

Describe the reason for pet's visit _____

Payment

We will gladly prepare a written estimate if you desire. (please ask our doctor or receptionist.) **All PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of the treatment. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice

Please give our office 24-Hour Notice if you need to cancel your appointment. We do have a missed appointment fee.
 Signature of Client Responsible for Pet(s) _____ Date _____



Read Mountain Animal Hospital

263 Arrington Lane
Roanoke, VA 24019
(540) 992-3470

Hospital Staffing Hours

Our Hospital normally operates on the following schedule:

Monday, Wednesday and Friday:	8:30 A.M. - 5:00 P.M.
Tuesday and Thursday:	8:30 A.M. - 8:00 P.M.

The doctor's normal hours are:

Monday, Wednesday and Friday:	9:00 A.M. -12:00 P.M. 2:00 P.M. - 5:00 P.M.
Tuesday and Thursday:	2:00 P.M. - 8:00 P.M.

The Hospital is not staffed during the following hours:

5:00 P.M. Monday - 8:30 A.M. Tuesday
8:00 P.M. Tuesday - 8:30 A.M. Wednesday
5:00 P.M. Wednesday - 8:30 A.M. Thursday
8:00 P.M. Thursday - 8:30 A.M. Friday
5:00 P.M. Friday - 8:30 A.M. Monday

Clients are strongly urged to transport animals requiring continuous medical care to the Emergency Veterinary Service of Roanoke or to the emergency clinic in Lynchburg.

You may call the Read Mountain Animal Hospital after hours message to obtain the doctor's cell phone number.

Signed: _____