



Loving Touch  
Animal Hospital

Loving Touch Animal Hospital  
628 Cambridge St  
Suite 111  
Fredericksburg, VA 22405  
United States  
(540) 371-7729 , info@lovingtouchvets.com

Your Other Family Doctor

### Client Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

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

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

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Co-Owner Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Are you or your spouse Active Military? Yes  No  \*Active Duty, Retirees, & Dependents receive a 5% discount if an ID is provided

How did you hear about our practice? Friend/Family/Co-worker (Name): \_\_\_\_\_

Google \_\_\_\_\_ Facebook \_\_\_\_\_ Yelp \_\_\_\_\_ Other: \_\_\_\_\_

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (dog or cat)			
Breed			
Date of Birth			
Color and markings			
Sex			
Spayed (female) or Neutered (male)?			
Microchip number			

\*Please ask for additional forms if you need space for additional pets

Do you have current Pet Insurance? Yes  No  Insurance Company Name: \_\_\_\_\_

Loving Touch Animal Hospital does not directly file claims for pet insurance and you, the owner, are responsible for payment in full at the time of service. We are happy to fill out the veterinary portion of any forms that are required for reimbursement by your pet insurance, but we do not file the claim for you. You, the owner, are responsible for filing the insurance claim. Please allow up to 48 business hours for our staff to complete insurance claim(s). Initial: \_\_\_\_\_

Name and Phone number of Previous Veterinary Practice: \_\_\_\_\_

Do any pets have previous chronic conditions or previous surgeries? \_\_\_\_\_

Do any pets have allergies to vaccinations or medications? \_\_\_\_\_

Are any pets on a special diet or medications? \_\_\_\_\_

**Authorization**

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described patient. I assume full responsibility for all charges incurred for the care of this animal. I also understand that payment is due at the time services are rendered and that a deposit may be required for surgical treatment. We accept all major credit cards and cash. We do accept payment from some third-party companies, such as Scratch Pay. **We do not accept CareCredit.** We do not accept personal checks. Applications, terms, and fees are governed solely by third-party companies and all inquiries must be handled by the financial companies. If approved by Scratch Pay, I will be responsible for payments to the financial company. Initial: \_\_\_\_\_

We require that all routine or non-emergency visits have an appointment. If you need to cancel or reschedule your appointment please contact our office no later than 48 business hours prior to the scheduled appointment. If the cancelation or rescheduling is not within the requested time frame there will be a late cancellation fee of \$25.00 for appointments or a \$150.00 fee for surgical procedures placed on your account. In cases of multiple missed or late rescheduled appointments, the matter will be referred to management for further review, and limitations on requested scheduling may be placed on your account. Appointment changes can be received via phone, email, or our reminder systems (Otto Flow). Initial: \_\_\_\_\_

If your pet is not picked up by our closing time there will be a \$25 late pick-up fee assessed and your pet will be considered to be boarding with us and boarding fees will be applied. Initial: \_\_\_\_\_

We love our clients and patients. We want to share your adorable pets with our social media fans. By initialing below, you are giving us the authorization to post photos of your fur kids on our Facebook, Twitter, and Website. You can also go to our website and post a photo and description of your furry family members at <http://www.LovingTouchVets.com>. I authorize my patient’s pictures to be utilized in materials to represent Loving Touch Animal Hospital including, but not limited to our Facebook Page, Twitter, and Website. Initial: \_\_\_\_\_ Accept  Decline

Our general practice hours of operation are Monday, Tuesday, Thursday, and Friday 9:00 A.M.-5:00 P.M. Our clinic is closed to the public on Wednesday. If your pet is experiencing a medical emergency outside of business hours, please refer to the nearest emergency clinic. Initial: \_\_\_\_\_

Your patient records may be requested through the patient portal or by emailing: [info@lovingtouchvets.com](mailto:info@lovingtouchvets.com). Please ensure that you provide a complete mailing address, email, and current phone number to expedite your request. Please allow up to seven business days to process your request. Initial: \_\_\_\_\_

For refill(s) of prescriptions, please allow two business days for processing. We accept requests in person, via phone, and by email. Please ensure to include the patient's name, medication to refill (including name, dose, and amount being requested), your name, and contact phone number. Medication can only be picked up during our clinic's regular hours of operation when staffing is available. Initial: \_\_\_\_\_

I have read and understood the above terms and conditions, signed:

Owner's Name: \_\_\_\_\_ Owner's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

PEANUT LAW FORM  
Law 18VAC150-20-200(B)(2)

I, \_\_\_\_\_ (Client's Name), understand that Loving Touch Animal Hospital has business hours Monday, Tuesday, Thursday, and Friday 8:30 am to 5:00 pm with medical staffing hours starting at 9:00 am to 4:30 pm during these days. **Our clinic is closed to the public on Wednesdays so our clinic can focus on medical care for local community outreaches and rescues.** There is NO In-house medical care after hours on days that we are closed, such as Saturdays, Sundays, and holidays.

PLEASE NOTE: WE ARE STILL PRACTICING SOME MODIFIED FORMS OF CURBSIDE, PLEASE CALL WHEN YOU ARRIVE AT THE CLINIC FOR FURTHER INSTRUCTIONS. HOURS WHERE A DOCTOR AND/OR STAFF ARE AVAILABLE MAY VARY.

If there is a need for medical care after-hours, it is my responsibility as the owner to contact another facility of my choosing at my own expense.

I have been notified of the local Emergency care facilities in the area:

MedVet (Emergency Department)  
8614 Centreville Rd, Manassas, VA 20110  
703-361-8287

Virginia Veterinary Center (formerly C.A.R.E.)  
130 Central Park Blvd, Fredericksburg, VA 22401  
540-372-3470

Signature: \_\_\_\_\_

Date: \_\_\_\_\_