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

Client Registration Form

First Name: _____ Last Name: _____ Co-Owner: _____

Address:_____

City:_____ State: _____ Zip Code: _____

Home: (_____) _____-_____ Work: (_____) _____-_____ Cell: (_____) _____-_____

Co-Owner Home: (_____) _____-_____ Work: (_____) _____-_____ Cell: (_____) _____-_____

Email Address: _____

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 before the scheduled appointment. If the cancellation or rescheduling is not within the requested time frame, there will be a late cancellation fee of $25.00 for appointments placed on your account. All deposits of $150.00 that are taken for surgical or hospitalization drop-off are non-refundable. Upon cancellation, reschedule, or NO SHOW, the deposit is forfeited.
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: _____

All new patient appointments require a non-refundable deposit of $25.00 to be placed on the account at the time of scheduling; this total will be put toward the invoice at checkout. If you need to reschedule the appointment, please allow at least 48 business hours before the appointment time and date. Upon cancellation or NO SHOW of an appointment, the deposit is forfeited. 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. We understand unexpected delays occur. However, to ensure a smooth experience for all of our clients and patients, we have a late arrival policy. Clients arriving more than 15 minutes late for a scheduled appointment will be charged a fee of $25.00 and may have to reschedule their appointment. Initial: _____

We love our clients and patients. We want to share your adorable pets with our social media fans. By initialing below, you are authorizing us 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, Wednesday, and Thursday, 9:00 A.M.-5:00 P.M. Our clinic is closed to the public after hours and on Friday, Saturday, and Sunday. 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. 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, Wednesday, and Thursday, 8:30 a.m. to 5:00 p.m., with medical staffing hours from 9:00 a.m. to 4:30 p.m. on these days. **We are open select Fridays. Hours and medical staffing may vary based on doctor availability and are not guaranteed.** There is NO in-house medical care or monitored overnight hospitalization when the clinic is closed or medical staff is not present. This includes weekends, holidays, and hours outside of our medical staffing schedule.

PLEASE NOTE: Modified curbside service may apply. Please call upon arrival for further instructions.

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

Cladda Emergency Veterinary Team
2511 Salem Church Road, Fredericksburg, VA 22407
(540) 701-7000

Signature: _____

Date: _____