

Loudoun Valley Animal Hospital

22556 Amendola Terrace Suite # 120. Telephone (571) 442- 8767

Owner's Full Name: _____

Spouse Full Name (If applicable): _____

Address: _____ City: _____ State: _____ Zip code: _____

Primary Phone #: _____ Secondary Phone #: _____

Business Phone #: _____ Place of Employment: _____

E-Mail: _____ How did you hear about us? _____

Pet name	Dog/Cat?	Breed	Male/Female?	Neuter/Spayed?	Age	Color	Microchipped?

I, _____ the owner (or authorized agent of the owner) of my pets named _____ hereby authorize and direct Loudoun Valley Animal Hospital, its veterinarians, technicians, and assistants to perform services, procedures, diagnostics, vaccinations, treatments, and/or administration of extra label medications as deemed necessary and/or advisable.

1. I authorize Loudoun Valley Animal Hospital to obtain all medical records regarding my pet(s) from a previous veterinarian or the hospital where my pet was previously examined or treated.

2. I understand that there is a risk of vaccine reactions with vaccines, allergic reactions to medication and complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. I also understand that there are no guarantee as to the results of any procedures, diagnostics, vaccinations, or treatments. I understand that I may ask any questions that I have regarding any procedure, diagnostic, vaccination, or treatment recommended by the Loudoun Valley Animal Hospital veterinarian before it is performed.

3. I understand that there may not be a veterinarian at the hospital at all times. I understand that veterinary technicians or assistants may perform certain functions in the preparation and care of my pet even when a veterinarian is not present. I also understand that no staff will be present in the hospital after business hours and overnight. Unless the veterinarian advises that my pet may remain unattended in the hospital overnight, I will need to take my pet home or transfer him or her to a hospital offering overnight care at the end of the day at my expense. If I fail to pick up my pet before the hospital closes for the day, Loudoun Valley Animal Hospital may transfer my pet to a hospital offering overnight care if the veterinarian determines my pet cannot be left unattended overnight. I understand and agree that I am responsible for the payment of any charges for such overnight care.

4. I agree that Loudoun Valley Animal Hospital staff may walk my pet outside, and in the event of an emergency I authorize Loudoun Valley Animal Hospital and its veterinarians and other personnel to transport my pet to an emergency hospital and to obtain treatment by the emergency hospital to stabilize my pet if I cannot be reached. Loudoun Valley Animal Hospital and its personnel may disclose such information and records regarding my pet to the other hospital as they consider necessary.

5. I understand and agree that portions of my visit or the care and treatment of my pet may be recorded for educational and training purposes.

By signing here, I hereby authorize the Veterinarian to examine, prescribe and/or treat, perform anesthesia and surgery, of the above-described pet. I assume financial responsibility for all charges incurred to the patient and agree to pay all such charges at the time of release of such patient. I am also aware of and agree to abide by the hours of operation of Loudoun Valley Animal Hospital of Ashburn.

Signature of Owner