

SPRINGFIELD VETERINARY CENTER

STAFFING DISCLOSURE FORM

SPRINGFIELD VETERINARY CENTER PROVIDES THE FOLLOWING HOURS OF OPERATION:

MONDAY – FRIDAY	8:00 AM – 6:00 PM
SATURDAY	8:00 AM – 12:00 NOON
SUNDAY	CLOSED

AS A COMMITMENT TO OUR PATIENTS, STAFF MEMBERS WILL EVALUATE YOUR COMPANION ANIMAL ON WEEKENDS AND HOLIDAYS AT LEAST TWICE DAILY AND ADMINISTER ANY NECESSARY MEDICATIONS. HOURS OF NON-CONTINUOUS STAFF COVERAGE ARE AS FOLLOWS:

OVERNIGHT	6:00 PM – 8:00 AM
WEEKENDS	FROM CLOSING TIME SATURDAY TO OPENING MONDAY AT 8:00 AM
HOLIDAYS	FROM CLOSING TIME THE DAY BEFORE HOLIDAY TO OPENING TIME THE DAY AFTER HOLIDAY

IF YOU HAVE AN EMERGENCY AND ARE UNABLE TO REACH SPRINGFIELD VETERINARY CENTER DURING REGULAR OFFICE HOURS, PLEASE CALL THE MAIN NUMBER AND LISTEN TO THE RECORDED MESSAGE. IT WILL PROVIDE EMERGENCY CENTER NUMBERS IN YOUR AREA. THANK YOU.

**I UNDERSTAND THE HOURS OF OPERATION FOR
SPRINGFIELD VETERINARY CENTER.**

SIGNATURE _____ **DATE** _____

SPRINGFIELD VETERINARY CENTER

CLIENT/PATIENT INFORMATION FORM

WE REQUIRE THAT ALL COMPANIONS ADMITTED TO OUR CENTER BE CURRENT ON VACCINATIONS. THANK YOU.

OWNER _____ DL# _____ - _____ - _____
CO-OWNER _____ DL# _____ - _____ - _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELLULAR _____
WORK PHONE _____ PAGER _____
EMPLOYER _____ CO-OWNER EMPLOYER/PHONE _____

PET 1

NAME _____ SPECIES _____ BREED _____
SEX _____ SPAYED/NEUTERED _____ COLOR _____
BIRTHDATE _____ MARKINGS _____

PET 2

NAME _____ SPECIES _____ BREED _____
SEX _____ SPAYED/NEUTERED _____ COLOR _____
BIRTHDATE _____ MARKINGS _____

WE ACCEPT VISA, MASTERCARD, DISCOVER, DEBIT, CHECK AND CASH

I UNDERSTAND THAT PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. ANY UNPAID BALANCE WILL ACCRUE INTEREST AT 21%APR OR INCUR A \$10.00 PER MONTH BILLING FEE, WHICH EVER IS HIGHER. RETURNED CHECKS WILL BE TURNED OVER TO A CHECK COLLECTION SERVICE. ALL COST OF COLLECTION WILL BE THE RESPONSIBILITY OF THE CLIENT. THANK YOU.

SIGNATURE _____ DATE _____

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR COMPANION!

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CLIENT/PATIENT INFORMATION FORM

WE REQUIRE THAT ALL COMPANIONS ADMITTED TO OUR CENTER BE CURRENT ON VACCINATIONS. THANK YOU.

OWNER _____

PET #3

NAME _____ SPECIES _____ BREED _____
SEX _____ SPAYED/NEUTERED _____ COLOR _____
BIRTHDATE _____ MARKINGS _____

PET #4

NAME _____ SPECIES _____ BREED _____
SEX _____ SPAYED/NEUTERED _____ COLOR _____
BIRTHDATE _____ MARKINGS _____

PET #5

NAME _____ SPECIES _____ BREED _____
SEX _____ SPAYED/NEUTERED _____ COLOR _____
BIRTHDATE _____ MARKINGS _____

PET #6

NAME _____ SPECIES _____ BREED _____
SEX _____ SPAYED/NEUTERED _____ COLOR _____
BIRTHDATE _____ MARKINGS _____

PET #7

NAME _____ SPECIES _____ BREED _____
SEX _____ SPAYED/NEUTERED _____ COLOR _____
BIRTHDATE _____ MARKINGS _____

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