

Client ID: _____

SPRINGFIELD VETERINARY CENTER

CLIENT/PATIENT INFORMATION FORM

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

OWNER _____ CELL _____ HOME _____

CO-OWNER/SPOUSE _____ CELL _____ HOME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LIC # (FOR CHECK WRITING) _____ EMPLOYER _____

PRIMARY EMAIL ADDRESS: _____

PET 1

NAME _____ CANINE/FELINE BREED _____

DOB/AGE _____ SEX _____ NEUTERED/SPAYED COLOR _____

PET 2

NAME _____ CANINE/FELINE BREED _____

DOB/AGE _____ SEX _____ NEUTERED/SPAYED COLOR _____

WE ACCEPT VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, DEBIT CARD, CHECK AND CASH

I UNDERSTAND THAT PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. ANY UNPAID BALANCE MAY BE SUBJECT TO A MONTHLY BILLING FEE AND/OR COLLECTION ACTION AND A \$25 SERVICE FEE WILL BE CHARGED FOR RETURNED CHECKS. THE 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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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 medication.

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

Name: _____ Date: _____

Signature _____