



Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a moment to complete this information.

Owner's Name: _____

Spouse/Co-Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Email: _____

Primary Owners Cell Phone: _____

Home Number: _____

Work Number: _____

Spouse/Co-Owners Cell Phone: _____

Spouse/Co-Owners Work Number: _____

In Case of Emergency, Please Contact: _____

Emergency Contact Phone Number: _____

Who can we Thank for referring you to Springfield? _____

We will gladly prepare an estimate if you desire, please ask the receptionist or the doctor. Full payment is due at the time services are rendered, no billing. Collection services/attorney fees will be the clients responsibly. Any unpaid balance is subject to a monthly billing fee of \$25.

I have read and understand the above policies:

Signature: _____



Pet Information

Pet Name: _____

Date of Birth: _____ Species: feline: _____ canine: _____

Breed: _____ Color: _____

Spayed (female): yes _____ no _____ Microchipped: yes ___ no ___ #: _____

Neutered (male): yes _____ no _____

Is your pet currently up to date on vaccines? yes _____ no _____

If yes, please provide name & Number of previous vet clinic:

Pet Name: _____

Date of Birth: _____ Species: feline: _____ canine: _____

Breed: _____ Color: _____

Spayed (female): yes _____ no _____ Microchipped: yes ___ no ___ #: _____

Neutered (male): yes _____ no _____

Is your pet currently up to date on vaccines? yes _____ no _____

If yes, please provide name & Number of previous vet clinic:

Pet Name: _____

Date of Birth: _____ Species: feline: _____ canine: _____

Breed: _____ Color: _____

Spayed (female): yes _____ no _____ Microchipped: yes ___ no ___ #: _____

Neutered (male): yes _____ no _____

Is your pet currently up to date on vaccines? yes _____ no _____

If yes, please provide name & Number of previous vet clinic:



Code of Virginia Amendment

§ 54.1-3806-1 Disclosure forms required.

Any animal medical care facility in the Commonwealth, excluding those facilities dealing with livestock as defined in §3.1-796.66, which does not provide continuous medical care for all animals left in its charge shall, before taking charge of an animal, provide the client or agent thereof with a disclosure form which specifies the hours and days when continuous medical care is not available by the facility. Such form shall be separate and apart from any other form or information provided by the facility. Except in emergency situations when time or circumstances do not permit, such facilities may take charge of an animal only after the client or agent thereof has signed the disclosure form and returned it to the facility. Only one signed form per client shall be required, and the form shall be kept on file by the facility.

Virginia Veterinary Disclosure Form

(Please read carefully before signing.)

Springfield Veterinary Center is continuously staffed by medical, kennel, and business personnel during the following hours:

Monday – Friday: 8:00 AM to 6:00 PM

Saturday: 8:00 AM to 12:00 PM

Continuous staffing is not provided at other hours or on major holidays; however, medical and support staff are present on a non-continuous basis each day to provide the proper care for your pet. Patients requiring continuous monitoring and medical treatment (i.e. intensive care) at times of non-continuous staffing by this facility can be transferred by the owners or their agent to Bluepearl, VVC or VRCC where after hours staffing is provided. Any expenses incurred at Bluepearl, VVC or VRCC will be the responsibility of the owner and will be payable to the Bluepearl, VVC or VRCC. I have read this form, and I am aware of the staffing hours.

Date: _____

Print Name of Owner / Agent: _____

Signature of Owner / Agent: _____



Pre- Visit Questionnaire

It's important for us to understand what your pet might find upsetting. The information will help us to adjust our care to better serve and comfort your pet. Please answer the following questions to the best of your ability so we can take into consideration both your and your pet's preferences.

Does your pet prefer:

Female veterinary professional: _____

Male veterinary professional: _____

Doesn't Matter: _____

Check any situations listed below that your pet has shown avoidance or dislike in the past. You can add additional comments at the end.

- Getting in their carrier or the car
- Entering the veterinary hospital
- Other pets and / or people and animals in the waiting area
- Being approached by veterinary staff
- Hearing the doorbell, overhead intercom, or phones ringing
- Sounds coming from the back areas of the practice
- Going into the exam room
- Being put on the table for examination
- Being taken out of the exam room for procedures
- Loud voices during examination
- Having rectal temperatures taken
- Having direct eye contact with the technicians/assistants and or veterinarian
- The use of instruments such as the stethoscope or otoscope (to look in the ears)



How would you describe your pets around other people?

Does your pet have any sensitive areas that s/he does not like to have touches by you or others?

Are there any procedures your pet has not liked having performed at the veterinary hospital in the past or that seemed difficult for you or the staff to do (e.g., nail trims, weight, temperature, ear exam, blood draw)? If so, how did your pet react?

Has your pet been prescribed any supplements or medications to help with a visit to the veterinary hospital? If so, what was it and what sort of results did you experience?

Anything else you would like us to know?



Client Financial Responsibility Agreement

Springfield Veterinary Center accepts Visa, Mastercard, Discover, American Express, Debit Card, Care Credit, Check and Cash. I understand that Professional Fees are due at the time of services rendered.

Any unpaid balances are subject to a monthly billing fee and/or collection action. A \$25 service fee will be charged for returned checks. The cost of collection will be the responsibility of the pet owner / client.

Please sign below acknowledging you take full financial responsibility for your pet(s) being treated by Springfield Veterinary Center and its doctors and staff.

Owner Name: _____

Owner Signature: _____

Date: _____

Owner Name: _____

Owner Signature _____

Date: _____



Springfield Veterinary Center Pharmacy Protocol

The entire team at Springfield Veterinary Center is committed to helping your pet enjoy a happier and healthier life. Veterinary medications dispensed in our veterinary clinic come from a qualified team who can answer your questions and assure you that your animal companion has the proper drug, dosage and most importantly a safe product. When medications are involved, our primary goal is to ensure that you not only receive the proper medication but also any of the pertinent safety information as it pertains to your individual pet's medical condition.

We offer a wide range of medications in our veterinary clinic. If we do not have a medication in-house, we can provide a written prescription, special order the medication, or send you to our preferred on-line pharmacy, Vet's First Choice- where your companion's prescriptions automatically upload to their patient file. We make every effort to be sure to provide your animal companions with safe and effective pharmaceutical products.

Veterinarian-Client-Patient Relationship

- If your pet needs a medication, the Virginia Board of Pharmacy stipulates that there must be a valid veterinarian-patient-client relationship. This means that in order for us to be able to fill any prescriptions one of our veterinarians needs to have examined your animal within the past twelve months. Some medications require follow up appointments and/or labwork to help monitor the response and risks associated with the use of the medication.

Refill requests

- Most of our prescription requests will be filled within the same day but we ask that you allow 48 hours for any prescriptions to be filled to allow our team to review the request and your pet's medical record.

Online Pharmacy prescriptions

- We will no longer approve or authorize fax prescription requests from pharmacies that strictly have an online presence. Examples include Chewy, 1-800 PetMed, Vetrx. This process is inefficient, error ridden, and time consuming. We can better serve you by focusing our team's time and talents on in-clinic care.
- If the convenience of home delivery is your goal, we recommend Vet's First Choice where your pet's prescriptions automatically sync with their medical record. Prescription medication requests can be made online. Visit



- https://springfieldvetcenter.vetsfirstchoice.com/?practice_uuid=3f519dc0-5530-11e6-86e6-0ad28b4792c1
- If you prefer to use an online pharmacy other than Vet's First Choice, we will provide you with a written prescription that can be picked up at the clinic or mailed to you for a nominal fee. For your convenience, we recommend that you ask for written prescriptions at the time of your pet's routine veterinary visits.
- If your pharmacy cannot accept a properly written prescription, we recommend that you look elsewhere.

We try to be competitive with our pricing and attempt to use rebates and coupons whenever possible. We fully realize the expense that can be involved with caring for your animal companions. Our goal again is for your pets to live happier and healthier lives and we want our clients to be informed and aware of their options. Most importantly, we appreciate the opportunity to help you and your pets.

Please visit the links below for further safety recommendations and information:

<https://www.avma.org/KB/resources/FAQs/Pages/Prescriptions-and-Pharmacies-Pet-Owner-FAQs.aspx>

<https://www.fda.gov/animal-veterinary/animal-health-literacy/need-pet-meds-protect-yourself-and-your-pet-be-website-aware>

The Springfield Team