## **Tipton Ridge Veterinary Medical Center**

1858 Bob White Blvd., Pulaski, VA 254301 540-980-0186

**NEW CLIENT FORM** Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION: PET OWNERS M	IUST BE OVER 18 YEARS OF A	<b>GE</b> Date	
Name	Spouse/Co-Owner's Name		
Mailing Address	City	Sta	te Zip
Ship to Address (if different)			
Phone Work Phon	ie Spous	e/Co-Owner's Work Ph	one
Place of Employment	Best Time To Reach You		
E-Mail Address			
Soc. Sec. # or Driver's Lic. (REQUIRED) _			
All Fees Are Due At the Time Serve Please indicate choice of payment.		☐ MasterCard	Care Credit
How did you become aware of our one of the Personal Recommendation (Who			
NAME	LEI # I	FLI # Z	FLI#3
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
Do You Have Past Vaccinations / Medica	al Records for this pet(s)?	YES NO	
Our pet(s) is:   Member of our fa	•		
Any allergies to vaccinations or medi			
Is your pet on any special diets or me			
is your per on any special arets of the		Yes □ No	

## **Photo Release**

I grant Tipton Ridge Veterinary Medical Center (TRVMC), its representatives and employees the right to take photographs of my pet(s), and to copyright, use and publish the same in print and/or electronically.

name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, a Web content. PLEASE CHECK ONE	and
<ul><li>The above may take photos of my pet</li><li>The above may NOT take photos of my pet</li></ul>	
Signature:	
INFORMED CONSENT	
understand that by signing below I am assuming all financial responsibilities associated with the pet named of his form. I also fully understand that TRVMC will provide life sustaining care and treatment to my pet upon entering this facility whether under emergency, boarding, surgery or examination unless otherwise directed by myself and/or a co-owner/spouse as named on this form.	
RVMC will take all reasonable precautions against injury, escape or demise of my pet but TRVMC will not be lable in any manner whatsoever should any unforeseeable complications arise. I do hereby and by now and orever release the said doctor, his agents, staff, or representatives from any and all liability arising from said reatment on said animal.	held
acknowledge that no assurance or guaranty can or will be made as to the results of emergency treatment an isks and probabilities of complications exist in any surgical or medical situation.	d the
All hospitalized patients and boarding animals must be current on all vaccines and free from internal and exterarasites to prevent the spread of infectious disease. Signature below indicates that without proof of current raccination then TRVMC will update all appropriate vaccinations and external parasite control while in the car TRVMC and the appropriate charges will be assessed at the time of discharge.	:
/irginia Law 3.2-6520 Abandoned Pets	
Any animal not claimed by its owner from a licensed veterinarian or boarding establishment within 14 days a letter or notice has been sent to the owner by the veterinarian or boarding establishment, may be sold by the veterinarian or boarding establishment. The animal may be sold at public or private sale for their fair compensation to a person capable of providing care consistent with this chapter. Any expense incurred by the veterinarian or boarding establishment becomes a lien on the animal and the proceeds of the sale shall first lischarge this lien. Any balance proceeds shall be paid to the owner. If the owner cannot be found with the intext ensuring 30 days, the balance shall be paid the Literary Fund. If no purchaser is found, the animal may be offered for adoption or euthanized."	e e n the
RVMC reserves the right to uphold Virginia Law 2.3-6520 regarding any pet left beyond 10 days after specifical lischarge date without contact from the owner. At this time a certified letter will be sent to the last known address identifying the beginning of the 14 days stated above. If no response is obtained from the owner, TRV will proceed as permissible by Virginia law.	
Client Signature: Date	

I agree that Tipton Ridge Veterinary Medical Center (TRVMC) may use such photographs of my pet(s) without my