

**Confederate Ridge Animal Hospital**

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following form.

**Your Name:**

**­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First MI

Spouse/Other name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home# Cell #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work# Other#

Is there any other adult that you would like to appear on this record?

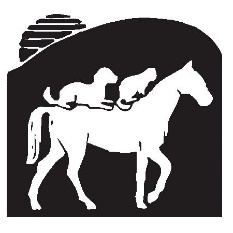
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number

Did someone recommend us to you? Who may we thank? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pets names and information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Pet #1** | **Pet #2** | **Pet #3** |
| **Name** |  |  |  |
| **Dog/Cat** |  |  |  |
| **Breed** |  |  |  |
| **Date of Birth** |  |  |  |
| **Sex** |  |  |  |
| **Spayed/Neutered?** |  |  |  |
| **Color** |  |  |  |

**Confederate Ridge Animal Hospital**

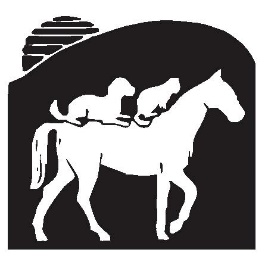
I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as clients of Confederate Ridge Animal Hospital do agree to pay all costs associated with my account at time rendered. This includes all fees associated with billing, collection fees, warrant fees, court costs, and any other charges involved in the collection of any unpaid balance on your account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Sign

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Confederate Ridge Animal Hospital**

2301 ½ Jefferson Davis Hwy.

Fredericksburg, VA 22401

(540) 373-6100

**Confederate Ridge Animal Hospital**

**Business Hours:**

Monday, Wednesday, and Friday 7:30AM-6:00PM

Tuesday and Thursday 7:30AM-7:00PM

Saturday 7:30PM-12:00 NOON

Sunday 4:00PM-6:00PM (no medical staff)

We are closed the following holidays:

New Years Day, Easter Sunday, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas Day

This is to inform you that we have NO medical staff or caretakers on duty between the hours of closing and opening hours the following day.

Weekends: There is no medical staff from Saturday’s closing until Monday AM opening hours.

Holidays: There is no medical staff from closing times posted until opening hours after the posted holiday.

We do have Kennel staff working 10 hours a day on weekends and holidays to feed, clean, walk, and administer routine care with the pets staying with us.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_