



Date: _____

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

Owner's Date of Birth: _____

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 - Friday 7:30AM - 6:00PM

Saturday 7:30AM - 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 _____