

OAKTON-VIENNA VETERINARY HOSPITAL

320 Maple Ave East 🗳 Vienna, VA 22180 🗳 (703) 938-2800 🗳 Fax (703) 938-1247

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

Name: Last:	First: _		_ Title:
Spouse/Partner: Last: _	Fir	rst:	_ Title:
Address:		City:	
State:	_Zip:		
Please circle the best cor	ntact number:		
Home Phone:	Work Phone:	Cell Phone	:
Spouse/Partner:	Work Phone:	Cell Phone:	:
E-Mail address:			
Employer:			
Emergency Contact Na	me:	Phone:	
How did you hear about	t us?		
☐ Hope Center	☐ Vienna PetSpa	Drive by	
Yellow Pages	Pro Feed	Angie's List	
Google Search	☐ Yelp	Other	
Petco	Animal Shelter		
Client Referral? Who	can we thank?		
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Financial Policy

Thank you for choosing Oakton-Vienna Veterinary Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Oakton-Vienna Veterinary Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard® or Discover Card®
- Convenient Monthly Payment Plans¹ from CareCredit[®]
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly for your entire family without having to reapply

Additional Policy Information:

Client/Owner Name (Please Print)

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

care available for your pet.	
Please note: Fees are payable when services are rendered. Payment may be made by cash, c Credit Card: Discover, VISA or MasterCard.	heck,
How do you plan on paying for today's visit?	
Credit Card: MasterCard/Visa/Discover	
Please provide the following information if you are paying by check:	
Driver's License: State: #	
By signing below, you agree to the foregoing terms of payment:	
Client/Owner Signature Date	

¹Subject to credit approval

Virginia Veterinary Disclosure Form

Oakton-Vienna Veterinary Hospital is open:

- Monday through Friday 7:30 am to 8:00 pm,
- Saturdays 9:00 am to 2:00 pm
- Sundays 10:00 am to 2:00 pm

The hospital is closed on major holidays.

Please be advised that we have no in-house, continuous, on-duty staff after hours, overnight or on holidays.

I have read this form, and I am aware of the above staffing hours.			
Owner of Pet or Authorized Agent:_			
C	(Please Print Name)		
Signature:			
Date:			

Social Media Release Form

We are proud of our patients and clients at OVVH and we want to sh media pages! If you give us permission to use photos or videos of you Facebook and/or Instagram, please sign below.	
YES, I give permission to use photos or videos of m	ny pet.
NO, I do not give permission to use photos or video	os of my pet.
Signature	
Printed Name	