



6137 Franconia Road, Alexandria, VA 22310
hometownvetclinic.net

Find us on:

HOMETOWN VETERINARY CLINIC
Phone: (703) 922-9861 | Fax: (703) 922-9863

HOMETOWN BED & BISCUITS
Phone: (703) 922-8059 | Fax: (703) 922-8030

Welcome to Hometown! We are happy you have chosen us and we pledge to provide exceptional customer service and education to you, our clients, and to provide your pets with the exceptional medical care you expect from your veterinary professionals.

CLIENT INFORMATION Owner's Birthday ____/____/____ (DEA requirement for controlled substances)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: (used for reminders and updates) _____

Primary Phone: _____ - _____ Secondary Phone: _____ - _____

Co-Owner: _____ Co-Owner Primary Phone: _____ - _____

How did you hear about us? _____ Referred by? _____

PET INFORMATION

Name: _____

Feline Canine Male Female

Spayed or Neutered? Yes / No

Breed: _____

Color: _____ Microchip #: _____

Date of Birth (or approximate age): _____

Allergies and/or other medical concerns:

PET INFORMATION

Name: _____

Feline Canine Male Female

Spayed or Neutered? Yes / No

Breed: _____

Color: _____ Microchip #: _____

Date of Birth (or approximate age): _____

Allergies and/or other medical concerns:

Please Initial

All Fees Are Due At The Time Services Are Rendered. We accept Cash, Personal Checks, Visa, MasterCard, American Express and Care Credit. Any balance over 30 days may be charged an annual percentage rate of 18%, or 1.5% per month.

It is the policy of Hometown Animal Clinic that all in-patients, out-patients, boarders and grooming pets be current on all vaccines and be free of all parasites. To prevent the spread of infectious disease and parasites, I authorize the doctors at Hometown Veterinary Clinic to treat or vaccinate my pet to satisfy this policy and understand that I will be responsible for any associated costs.

I have received and read Hometown Veterinary Clinic's Hours Disclosure Statement and Vaccination Policies.

Client Signature

Date



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This statement is required by Virginia State Law
Section **54.1-3806.1** of the *Code of Virginia*

Hometown Veterinary Clinic is opened and staffed as follows:

Monday, Wednesday and Thursday: 8:00am-7:00pm

Tuesday and Friday: 8:00am-6:00pm

Saturday: 8:00pm-2:00pm

CLOSED SUNDAYS

*We have no on-premises staff staying overnight,
or from 2:00pm Saturday to 8:00am Monday*

No Show Fees: \$55.00 Appointments, \$187.00 Surgeries

No show fees will be charged for:

**Appointments canceled within 24 hours of the appointment
Surgeries canceled within 3 business days of the procedure**

Printed Name of Owner or Responsible Agent

_____/_____/_____
Date

Signature of Owner or Responsible Agent



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POTENTIAL VACCINE REACTION RELEASE

I, the undersigned, declare that I understand the following statements:

- 1.** Vaccinations represent stimulation of the immune system, an inherently inflammatory process.
- 2.** Normal/common vaccine reactions include joint and/or muscle soreness, mild lethargy, swelling at the sight of injection and/or mild fever. These reactions can last up to 48 hours after administration of the vaccine.
- 3.** It is possible for a pet to develop a severe anaphylactic reaction to any vaccine, which can produce severe lethargy, vomiting, diarrhea, shock and/or death. These reactions are a rare but serious medical condition that requires immediate medical attention
- 4.** It is possible for a pet to develop a severe vaccine reaction at any time during its life. For example, an animal that has not had a reaction for the first 6 years of its life could have a reaction at 7 years of age.

Owner's Printed Name

Owner's Signature

Date