



Stonewall Veterinary Clinic
7627 Heritage Village Plaza Gainesville Virginia 20155
703-754-9888

The doctors and staff of Stonewall Veterinary Clinic provide your pet the highest quality animal care in a compassionate, courteous and professional manner.

CLINIC ADMISSION FORM

Owner _____ Pet's Name _____ File # _____

Please inform us if your address, phone number(s) or e-mail address has recently changed.

I am the owner/responsible party of the above named animal and, therefore, authorize the following procedures to be performed:

Reason for Drop Off of Pet: _____

I authorize bloodwork and/or x-rays if needed when triaging my pet. (please initial) _____
(cost for bloodwork is approximately \$115 & x-rays \$137)

Overnight Clinic Care: In the event that the doctor(s) recommend that my pet remain in the clinic overnight to provide a stable, quiet environment for recovery and veterinary evaluation, I realize that 24 hour monitoring is not available at Stonewall Veterinary Clinic. I understand that a veterinarian will evaluate my pet prior to leaving in the evening, as well as the following morning upon opening of the clinic. Therefore, there is no in house continuous medical staff care: Wednesday and Friday evening between the hours of 5:00 p.m. and 8:00 a.m. the following morning; Monday, Tuesday and Thursday evening between 7:00 p.m. and 8:00 a.m. the following morning, and; Saturday 12:00 noon through 8:00 a.m. Monday morning. Staff will check/care for pets Saturday p.m. and Sunday a.m., noon and p.m. Additional visits by the doctor are at the doctor's discretion.

Anesthesia: I understand anesthetic procedures include risk for my pet. I realize that additional safety precautions including monitoring by licensed veterinary staff are present at all times in order to make the procedure as safe as possible. Having been informed of the above risks, I assume all risks and entrust the life and safety of my pet to the doctors of Stonewall Veterinary Clinic.

Emergency Care: In the event of an emergency for my pet, I authorize the professional staff to stabilize my pet, which may include surgery and anesthesia. Every attempt will be made to contact me via telephone.

Patient Information Release Language: Medical and/or contact information may need to be shared with other veterinary facilities in the event of patient transfer, referral or consult. I consent to the release of information pertaining to this patient.

Patient Discharge: I realize that my pet will be discharged during regular office hours (Wednesday and Friday 8:00 a.m. - 5:00 p.m.; Monday, Tuesday and Thursday 8:00 a.m. - 7:00 p.m., Saturday 8:00 a.m. - 12:00 noon). Stonewall Veterinary Clinic will attempt to contact you if you have not picked up your pet prior to the close of business. A staff member will be present in the clinic for 20 minutes after closing for pick up of your pet, but you must notify us prior to close of the business day.

Fees: I agree to pay for my pet's care in full at the time of patient discharge (unless prior financial arrangements have been discussed and processed). We will provide an estimate of costs prior to your pet's admission upon request by the owner. Additional surgical fees may apply due to factors such as patient age, underlying medical conditions and/or surgical complications.

Stonewall Veterinary Clinic reserves the right to assess a late pick up fee of \$15.00. If you are more than 20 minutes late and/or attempts to contact you by phone prior to close of the business day are unsuccessful, your pet may be boarded overnight and additional boarding fees will be applied to your account.

Signature of Owner or Responsible Agent

Date

Contact number(s) where you can be reached today

(cell) _____ (home) _____