



12021 Iron Bridge Rd. Chester, VA 23831 · P: (804) 748-2244 F: (804) 748-7260 · cac@chesteranimalclinic.com

NEW CLIENT INFORMATION

Owner: _____ Co-Owner: _____

Address: _____
City State Zip Code

Main Phone: _____ Cell Phone: _____
Would you like to receive text messages? Yes No

Additional Authorized Contact Name and Number: _____
You authorize us to speak to this person about your pet's care in the event we cannot reach you.

Email: _____

How did you hear about us? Family / Friend Website Google / Online Search Driving/Walking by

If you were referred by a client, please tell us who so we can say thank you. _____

NEW PATIENT INFORMATION

Pet's Name: _____
 Dog or Cat Breed: _____
Sex: Male Neutered or Female Spayed
Color: _____ Birthday/Age: _____
Previous Health Issues: _____

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We love social media! We would like your consent to share your pets' image(s) on our social media and website. Your full name and personal information will never be used.
 Yes, please make my pet a star!
 No, thank you; my pet is shy

Cancellations: If you must cancel an appointment, we ask for 24-hour notice. If cancelling a surgical appointment, we ask for 48-hour notice. A late cancellation or frequent cancellations may result in a fee being applied to your account. Current vaccinations are required by Chester Animal Clinic before we may admit any animal for any reason. We are a flea-free hospital so if your pet is found to have fleas, we will administer flea control at your cost. These measures are taken to protect the well-being of all animals within our hospital.

Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due in full at the time of services rendered.

For your convenience we accept **Visa, Mastercard, American Express, Discover, Care Credit, Scratch Pay, Trupanion Express and cash.** Please stop at the reception desk to review and pay for services.

I confirm that the above information is correct, that I am at least 18 years of age and that I am the owner or authorized agent of the patient(s) listed above.

Owner Signature

Date

