

Client ID
Initial

**Broadway Veterinary Hospital\***  
**Horse & Carriage Veterinary Services\***  
**Dr. Thomas P. Burgess**  
**117 S. Timber Way, Broadway, VA 22815**  
**(540) 896-5155**

**CLIENT PATIENT INFORMATION REGISTRATION**

WE APPRECIATE YOU GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET.  
PLEASE PRINT AND COMPLETE ALL INFORMATION.

**OWNERS NAME** \_\_\_\_\_  
LAST FIRST INITIAL

**SPOUSE'S NAME** \_\_\_\_\_  
LAST FIRST INITIAL

SOCIAL SECURITY # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

IF ABOVE IS P.O. BOX GIVE ALSO  
STREET ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
(for pet reminders only)

CELL PHONE \_\_\_\_\_

MAY WE CALL YOU AT WORK? YES NO WORK PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
(for pet reminders only)

CELL PHONE \_\_\_\_\_

MAY WE CALL YOUR SPOUSE AT WORK? YES NO WORK PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

IF WORK PHONES CANNOT BE USED, PLEASE GIVE ANOTHER PHONE NUMBER \_\_\_\_\_  
LOCATION \_\_\_\_\_

NAMES OF PETS/HORSES \_\_\_\_\_

DOES YOUR ANIMAL HAVE ANY TENDENCY TO BITE? YES NO IF SO, NAME OF PET: \_\_\_\_\_

**ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED OR UPON RELEASE OF PET**

In consideration of services performed by Stonewall Veterinary Services Inc., I hereby agree to pay all amounts owed to same. I also understand a FINANCE CHARGE is applied to all accounts unpaid after 30 days. The FINANCE CHARGE is computed by a periodic rate of 2% per month, which is an annual percentage rate of 24%. Minimum charge of \$1.00. In the event that my account is turned over to an attorney for collection, I also agree to pay all court costs and attorney fees or \$25.00 whichever is greater. I understand and agree that in the event collection procedures are implemented against me, all procedures will be filed in the Rockingham County Courts. I agree and consent to jurisdiction of said Court, and will not contest its jurisdiction over me.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*Divisions of Stonewall Veterinary Services Inc. - (Continued on Next Page)

DATE: \_\_\_\_\_ CLIENT NAME: \_\_\_\_\_ CLIENT ID: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ MALE  FEMALE  SPAYED/CASTRATED: YES  NO

CAT  DOG  OTHER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

DATE OF LAST RABIES VACCINATION: \_\_\_\_\_ NAME OF VETERINARIAN: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ MALE  FEMALE  SPAYED/CASTRATED: YES  NO

CAT  DOG  OTHER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

DATE OF LAST RABIES VACCINATION: \_\_\_\_\_ NAME OF VETERINARIAN: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ MALE  FEMALE  SPAYED/CASTRATED: YES  NO

CAT  DOG  OTHER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

DATE OF LAST RABIES VACCINATION: \_\_\_\_\_ NAME OF VETERINARIAN: \_\_\_\_\_

**IF YOU OWN HORSES,**

NAME: \_\_\_\_\_ STALLION  MARE  GELDING

BREED: \_\_\_\_\_ FOALING DATE: \_\_\_\_\_ COLOR: \_\_\_\_\_ MARKINGS: \_\_\_\_\_

NAME: \_\_\_\_\_ STALLION  MARE  GELDING

BREED: \_\_\_\_\_ FOALING DATE: \_\_\_\_\_ COLOR: \_\_\_\_\_ MARKINGS: \_\_\_\_\_

NAME: \_\_\_\_\_ STALLION  MARE  GELDING

BREED: \_\_\_\_\_ FOALING DATE: \_\_\_\_\_ COLOR: \_\_\_\_\_ MARKINGS: \_\_\_\_\_

*In addition to the above named adults (over 18 years of age), these pets or records may be released to the following:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature