

Hospital use	Client ID
	Initial

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



Client Registration Form

Last Name _____	Spouse's Last Name _____
Middle Initial _____	Middle Initial _____
First Name _____	Spouse's First Name _____
Social Security or Driver's License # _____	Social Security or Driver's License # _____
Mailing Address _____	Street Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Cell Phone _____	Home Phone _____
Spouse's Cell Phone _____	Alternate Phone _____
Emergency Contact Person _____	Emergency Contact Number _____
Email Address _____	
Workplace _____	Spouse's Workplace _____
Work Phone _____	Spouse's Work Phone _____

Broadway Veterinary Hospital will gladly prepare a written estimate if you desire (Please ask a staff member). This will be important to you, **since payment is required at the time services are rendered, or upon release of pet.**

Payment Policy A deposit may be required before certain services are performed.

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%. The minimum FINANCE CHARGE will be \$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 that collection procedures are implemented against me, all procedures will be files in Rockingham County Courts. I agree and consent to the jurisdiction of said court, and will not contest its jurisdiction over me.

For your convenience we accept Cash, Check, VISA, Mastercard, Discover and Care Credit.
 For any returned checks a service charge will be applied to the amount owed.

Media Release

I, the undersigned, give my permission for photographs of my pet(s) to be used on Broadway Veterinary Hospital's website, facebook page, and within the clinic.

Yes, I accept No, I decline

By signing below I certify that I am at least eighteen (18) years of age and all information above is correct.

Signature _____ Date _____

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Patient Registration
 Please print clearly and complete one section for each of your pets. If you have more than two pets, we will gladly provide copies of this form.

Pet's name _____ Male Female Has your pet been spayed/neutered? Yes No

Species: Cat Dog Other **Birthdate** _____
If you are not sure, give an approximate age.

Breed _____ **Date of last rabies vaccination** _____

Color _____ **Date of last DHLPP-FVRCP vaccination** _____

Known conditions _____ **Date of last bordetella vaccination** _____

Does your pet have a tendency to bite? Yes No

Pet's name _____ Male Female Has your pet been spayed/neutered? Yes No

Species: Cat Dog Other **Birthdate** _____
If you are not sure, give an approximate age.

Breed _____ **Date of last rabies vaccination** _____

Color _____ **Date of last DHLPP-FVRCP vaccination** _____

Known conditions _____ **Date of last bordetella vaccination** _____

Does your pet have a tendency to bite? Yes No

In addition to myself and my spouse, these pets may be released to the following people: _____

Owner's Printed Name _____

Owner's Signature _____ **Date** _____

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Staffing Hours Disclosure

Please read this page carefully. It lists our hours, and options if a pet needs care while we are closed.

Broadway Veterinary Hospital has business and medical staffing hours as follows: Monday through Thursday 8:00 AM to 5:00 PM, Friday 8:00 AM to 12 Noon, and closed on Saturdays, Sundays, and Holidays.

Therefore, this is to inform you that we have no in-house, on-duty continuous medical staff care: (1) Overnight, from closing time (5 PM Monday through Thursday) to opening time at 8:00 AM; (2) Weekends, from closing time Friday at 12:00 Noon to opening Monday morning at 8:00 AM; (3) Holidays, from closing time before the holiday (i.e. Christmas Eve at Noon) or the end of working day (as per schedule above) to opening time the day after the holiday at 8:00 AM; (4) holidays falling on Monday, from closing time Friday at 12:00 Noon to opening time Tuesday at 8:00 AM. Please check with us for our holiday hours.

As the responsible party, it is your option to transfer and transport your pet to the Harrisonburg Veterinary Emergency Clinic located in Harrisonburg, VA or the Veterinary Emergency Services (VES) located in Verona, VA for further care when we are closed. HVEC can be reached at 540-434-0900 and VES can be reached at 540-248-1051. Our staff can provide maps and brochures outlining their services and exact location. Both HVEC and VES are open from 6:00 PM every Monday through Thursday to 8:00 AM the following morning and from 6:00 PM Friday until 8:00 AM Monday. Please check with HVEC or VES for their holiday hours.

If you choose to admit your pet with us for continuing care during non-business hours, by signing this form, you agree to and are aware of the limited availability of our staff during those hours.

I have read this form and I am aware of the above staffing hours and the emergency services available.

Signature _____ **Date** _____
Owner or Responsible Party

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