

**Westwood Animal Hospital, PLC**  
**15 Miss Phillips Rd.**  
**Staunton, VA 24401**  
**(540) 337-6200**  
**FAX (540) 337-6461**

In order to establish or update your registration information, please complete and return the information requested below. We require all registration forms to be current and update them every 2 years.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position: \_\_\_\_\_ How long at your present employer: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ OR Social Security Number: \_\_\_\_\_

**Spouse/Other** Check if not applicable

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position: \_\_\_\_\_ How long at your present employer: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ OR Social Security Number: \_\_\_\_\_  
 Nearest relative not residing with you: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**In case of emergency, notify** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I authorize Westwood Animal Hospital PLC to release any patient history to the following:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Will you normally be paying by cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_

We love to share our patient photos with the public via our website, Facebook, etc. Do you give your permission for us to use your pet's photos?

**YES – My pet was born to be a STAR!!!**

**NO – My pet is shy**

I hereby authorize the veterinarian to examine, prescribe for, or treat my animals. I assume responsibility for ALL charges incurred in the care of these animals and I also understand that charges will be PAID AT TIME OF RELEASE by means of cash, check, or credit card. **I further understand that a deposit is required for all emergencies AND hospitalized animals.**

All **large animal accounts** will be assessed a \$5.00 billing charge. The finance charge is computed by a periodic rate of 1.5% per month (annual percentage rate of 18%). Minimum charge is \$1.50.

**CHARGING IS NOT PERMITTED WITH SMALL ANIMAL ACCOUNTS.**

If, for any reason it becomes necessary to turn this account over to a collection agency and/or attorney, I also agree to pay all costs and fees incurred (including court costs and reasonable attorney's fees).

**I have read this form and agree to all conditions therein and certify that I am at least 18 years of age.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Client

Westwood Animal Hospital PLC has business and medical staffing hours as follows:

Monday – Friday 8:00 a.m. until 6:00 p.m.  
Saturday 8:00 a.m. until Noon  
Closed Saturday afternoon, Sunday, and Holidays.

We are open on Sunday from 5-6:00 p.m. for boarding pick-up and drop-off ONLY.

Exception: Large Animal Emergency service is available at all times at (540) 337-6200

Westwood Animal Hospital PLC does not provide in-house, on-duty, continuous medical staff overnight, Saturday afternoons, Sundays, and Holidays.

The following emergency hospitals are available for all small animal after-hours emergency service and overnight intensive care.

Veterinary Emergency Service in Verona, VA – (540) 248-1051

Veterinary Emergency Treatment Service & Specialty  
in Charlottesville, VA – (434) 973-3519

Westwood Animal Hospital PLC is not affiliated with the Veterinary Emergency Service in Verona or Charlottesville, thus any charges accrued at these clinics will be invoiced and paid separately.

I have read this form and agree to all conditions therein:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Client