



Village Animal Hospital, PA

628 Carpenter Avenue

Mooresville NC 28115

(704) 660-9663

NAME: _____
(First) (Last)

ADDRESS: _____
(Street) (Zip Code)

(City) (State)

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMPLOYER: _____

WORK PHONE: _____

SPOUSE/SIGNIFICANT OTHER NAME: _____

PHONE NUMBER: _____

HOW DID YOU LEARN ABOUT OUR HOSPITAL?

☐ REFERRED

☐ INTERNET

☐ OTHER

IF REFERRED, BY WHOM? _____

PREVIOUS VET: _____

PHONE NUMBER: _____



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Our goal is to provide the best care possible for you and your pets. Please list any pets you're planning to have seen with us. No worries if you have more than two pets! We will get their information when you bring them in.

PET 1 :

NAME _____ ☐ DOG ☐ CAT
BREED _____ ☐ MIXED
☐ MALE ☐ FEMALE IS HE/SHE ALTERED ☐ YES ☐ NO
COLOR _____ AGE _____ DOB ____/____/____

PET 2:

NAME _____ ☐ DOG ☐ CAT
BREED _____ ☐ MIXED
☐ MALE ☐ FEMALE IS HE/SHE ALTERED ☐ YES ☐ NO
COLOR _____ AGE _____ DOB ____/____/____

PET 3:

NAME _____ ☐ DOG ☐ CAT
BREED _____ ☐ MIXED
☐ MALE ☐ FEMALE IS HE/SHE ALTERED ☐ YES ☐ NO
COLOR _____ AGE _____ DOB ____/____/____



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We schedule our appointments so that each client and patient receives the right amount of time to be seen by our veterinarians and staff. If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you and accommodate those clients and patients who are waiting for an appointment. As a courtesy to our office as well as to those clients and patients who are waiting to schedule with one of our veterinarians, please give us at least 24 hours notice. If you do not cancel or reschedule your appointment with at least 24 hours notice, we may assess a \$60.00 per scheduled pet "no-show" service charge to your account. A \$100 "no show" service charge will be assessed for missed surgery appointments.

We will gladly discuss cost of services and/or prepare a written estimate for recommended procedures upon request prior to an appointment.

We accept cash, debit, Visa, Master Card, Discover and Care Credit. We **DO NOT** accept checks or American Express.

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED AND DEPOSITS MAY BE REQUIRED ON PETS THAT ARE ADMITTED FOR HOSPITALIZATION.

By signing below, you're agreeing to have read and understood the above statements.

SIGNATURE: _____ Date _____