

## Welcome to Roseville Veterinary Clinic, PC Confidential Information and Agreement

Client Name: \_\_\_\_\_ DL#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DL#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Cellular Phone# \_\_\_\_\_ Spouse's Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us?

Friend/Family/Neighbor  Who? So we can thank them! \_\_\_\_\_

Roseville Team Member?  Who? So we can thank them! \_\_\_\_\_

Google  Yelp  Yellow Pages  Facebook  Community Event

Saw building/sign  Humane Society  Which one? \_\_\_\_\_

Rescue Group  Which one? \_\_\_\_\_ Ad  Where? \_\_\_\_\_

Other \_\_\_\_\_

Persons Authorized to Bring Pets in for Treatment: \_\_\_\_\_

How do you plan to pay today?    Cash      Check      Credit Card      Care Credit

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### Responsible Party Authorization

In all cases, professional fees, product purchases, all costs related to treatment, testing, and boarding are the responsibility of the client, spouse, guardian, parents, or co-owner of animal(s).

There will be a \$50 charge on all returned checks.

**Payment is expected in full at the time of services rendered.** In the event that a payment plan is agreed to in advance by the veterinarian in charge, finance charges (no charge if paid in 30 days of billing date) are computed by a periodic rate of 1.5% per month, which is an annual percentage rate of 18%, applied to the previous balance without deducting current payments and/or credits appearing on any given bill. Upon default in the payment of any bill, the above rate will be charged on the unpaid balance at 1.5% per month until the delinquency is paid. The client or responsible party(s) further agree to pay any and all collection fees incurred, as well as legal expenses, including but not limited to collection agency costs, attorney fees, all court related costs, service and filing fees, interrogatory and garnishment fees, as well as any interest that may be adjudicated for the collection of past due debt on any and all accounts with Roseville Veterinary Clinic and/or Plaza Pet Clinic.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## New Pet Information

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Pet's Name: \_\_\_\_\_

Dog ( ) Cat ( ) Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Male ( ) Female ( )

Spayed or Neutered? Yes ( ) No ( )

Date of birth or approx. age: \_\_\_\_\_

Color or distinct markings: \_\_\_\_\_

Any known medical problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Vet: \_\_\_\_\_

\_\_\_\_\_

Pet's Name: \_\_\_\_\_

Dog ( ) Cat ( ) Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Male ( ) Female ( )

Spayed or Neutered? Yes ( ) No ( )

Date of birth or approx. age: \_\_\_\_\_

Color or distinct markings: \_\_\_\_\_

Any known medical problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Vet: \_\_\_\_\_

\_\_\_\_\_

Pet's Name: \_\_\_\_\_

Dog ( ) Cat ( ) Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Male ( ) Female ( )

Spayed or Neutered? Yes ( ) No ( )

Date of birth or approx. age: \_\_\_\_\_

Color or distinct markings: \_\_\_\_\_

Any known medical problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Vet: \_\_\_\_\_

\_\_\_\_\_

Pet's Name: \_\_\_\_\_

Dog ( ) Cat ( ) Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Male ( ) Female ( )

Spayed or Neutered? Yes ( ) No ( )

Date of birth or approx. age: \_\_\_\_\_

Color or distinct markings: \_\_\_\_\_

Any known medical problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Vet: \_\_\_\_\_

\_\_\_\_\_

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Please let us know if you need additional pet information forms.

**Roseville Veterinary Clinic, PC  
26 S. Greenway Avenue  
PO Box 176  
Boyce, Virginia 22620  
540-837-1334**

**STAFFING DISCLOSURE FORM**

Roseville Veterinary Hospital would like to notify you of our hours of operation, which are as follows:

**Monday, Tuesday, Thursday, Friday: 8:00 A.M. to 5:30 P.M.**

**Wednesday: 8:00 A.M. to 7:00 P.M.**

**Saturday: 8:00 A.M. to 12:00 P.M.**

Please note that except during the above noted hours of operation, continuous veterinary medical care is not available.

Please acknowledge your receipt and understanding of the foregoing by signing and dating this form on the lines indicated below.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_