



VIRGINIA VETERINARY DISCLOSURE FORM

(PLEASE READ CAREFULLY BEFORE SIGNING)

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

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

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  Dog  Cat Breed: \_\_\_\_\_

Male  Female  Spayed  Neutered  Intact Color: \_\_\_\_\_

CHESAPEAKE ANIMAL HOSPITAL has business and medical staffing hours as follows:

Mondays, Tuesdays and Thursdays	7:30 AM to 6:00 PM
Wednesday and Friday	7:30 AM to 5:00 PM
Saturdays	8:00 AM to 12 NOON
Closed on Sundays and Holidays	

THEREFORE, this is to inform you, that we have no in-house, on-duty continuous medical staff care during the following hours:

- 1) Overnight, from closing at 7:00 PM Monday, Tuesday and Thursday evenings until 6:00 the following morning.
- 2) Overnight, from closing at 5:00 PM Wednesday and Friday evenings until 7:30 AM the following morning.
- 3) Weekends, from closing at 12 noon Saturday until 7:30 AM Monday morning.
- 4) Holidays, from closing time before the holiday begins until 7:30 AM the morning after the holiday.

THIS IS TO INFORM you that any sick, injured or recuperating animals that are present in the hospital at hours other than our regularly staffed business hours are visited and cared for at intervals determined by the doctor and staff on duty during these hours. IF THIS SCHEDULE is not acceptable with you, you may:

- 1) Take your pet home with you and return the next morning for further treatment. The emergency clinic is available if problems develop.
- 2) Take your pet directly to the emergency clinic for monitoring during the hours that we are not available.

If the doctor feels that one of the above alternatives is more appropriate or advisable for your pet, it will be recommended to you.

THE ABOVE DISCLOSURE FORM is a requirement by the Commonwealth of Virginia Department of Health Professions. This form must be signed before we can admit your pet for treatment. Please feel free to ask any questions if you do not understand this policy. CHESAPEAKE ANIMAL HOSPITAL strives to provide the best care for your pet.

I HAVE READ THIS FORM AND I AM AWARE OF THE ABOVE STAFFING HOURS.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

Owner or Responsible Party