

**AUTUMN TRAILS VETERINARY CENTER**  
2407 HYDRAULIC ROAD  
CHARLOTTESVILLE, VA 22901  
434-971-9800

**Client Information:**

Your Name \_\_\_\_\_ Spouse/partner Name \_\_\_\_\_

Date of Birth of Client: \_\_\_\_\_ (This is needed if control drugs are dispensed)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Circle one: Home Work Cell

Secondary Telephone Number: \_\_\_\_\_ Circle one: Home Work Cell

Your Email Address \_\_\_\_\_

Your Employer \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

How did you first learn of our hospital? We would like to thank any individual who referred you. Check one:

Hospital Sign \_\_\_\_\_ Internet search \_\_\_\_\_ Radio \_\_\_\_\_ Social Media \_\_\_\_\_ Referred by \_\_\_\_\_ Other: \_\_\_\_\_

Primary Veterinarian (If not ATVC) \_\_\_\_\_

**Reason for Visit:**

**Animal Information:**

Name \_\_\_\_\_ Circle One: Canine Feline Other: \_\_\_\_\_

Breed \_\_\_\_\_ Description/color \_\_\_\_\_ Age \_\_\_\_\_

Sex: M / F Circle one: Spayed/Neutered Intact

Name \_\_\_\_\_ Circle One: Canine Feline Other: \_\_\_\_\_

Breed \_\_\_\_\_ Description/color \_\_\_\_\_ Age \_\_\_\_\_

Sex: M / F Circle one: Spayed/Neutered Intact

Please check one: \_\_\_\_\_ I give permission for Autumn Trails Veterinary Center to post photos of my pet(s) to social media.

\_\_\_\_\_ I prefer my pet(s) photo not be posted to social media.

By signing this form, I acknowledge that I am responsible for payment in full at the time of my pet's discharge. WE ACCEPT CASH, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS AND CARE CREDIT. **WE DO NOT ACCEPT PERSONAL CHECKS!!** In the event that Autumn Trails Veterinary Center (Autumn Trails) needs to engage legal counsel or incurs any expense to collect any amounts owed under this agreement and/or the services performed, you shall be responsible for paying all reasonable costs and expenses incurred by Autumn Trails, including but not limited to attorney's fees and court costs.

\_\_\_\_\_  
**Owner/Agent Signature**

\_\_\_\_\_  
**Date**