



# Reidsville Veterinary Hospital

1401 W. Harrison Street, Reidsville, N.C 27320  
(336)349-3194



**Thank You for choosing Reidsville Veterinary Hospital** for your animal care. In order to serve you better with timely reminders and to make sure our doctors can reach you in case they need to consult with you about your pets condition, we need to confirm that the information we have for you and your pets is as accurate as possible. Please take a moment to fill out the following important information.

## Primary Responsible Party

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_.  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip code \_\_\_\_\_ Drivers Lic. \_\_\_\_\_ State issued \_\_\_\_\_ Expiration date \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Name of Company \_\_\_\_\_  
Email (we can send vaccination reminders in this format) \_\_\_\_\_

## Secondary Responsible Party

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_.  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip code \_\_\_\_\_ Drivers Lic. \_\_\_\_\_ State issued \_\_\_\_\_ Expiration date \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Name of Company \_\_\_\_\_  
Email (we can send vaccination reminders in this format) \_\_\_\_\_

Name of Pet	Male	Female	Age	Dog	Cat	Spayed/Neutered	Horse	Other	Breed	Color
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

(please use the back if you have additional pets)

**Reidsville Veterinary Hospital does not offer in house payment plans.** Services received by pets must be paid for upon their discharge from the hospital. **Deposits may be required for emergency services and surgical procedures.** We do accept **approved personal checks, cash, MasterCard and Visa, Discover and American Express.** **You may also apply for CareCredit**—a medical charge card which offers extended payments on medical fees. Applications are available at the reception desk.

I understand that Reidsville Veterinary Hospital requires payment at time of service. **I agree to be responsible for any collection fees and interest charges incurred due to default of payment.**

Signed \_\_\_\_\_ Responsible Party Date \_\_\_\_\_