Peninsula SPCA Veterinary Clinic
523 J. Clyde Morris Blvd., Newport News, VA 23601
757-595-1399 ext 112

Client and Patient Check in Form

Client(s):
First Name: _____ Last Name: _____
First Name: _____ Last Name: _____

Address:
Street: _____ City: _____
State: _____ ZIP: _____

Phone:
Primary: _____ Secondary: _____ Alternate: _____

Email:
Primary: _____ Alternate: _____

Communications Preferences (for records, billing, and reminder options)
☐ Email ☐ Text ☐ Phone ☐ Mail

Permission to use pictures, history, or medical information about your pet(s) in the media (i.e. print materials, our website, our social media accounts)? ☐ yes ☐ no

Pet Information:

Pet 1 ☐ cat ☐ dog

Name: _____
Breed: _____
Colors: _____
Age/ DOB _____
Sex _____

Spay/Neuter ☐ Yes ☐ No **Microchip** ☐ Yes ☐ No

Known Health issues:
_____
_____

Medications/ Supplements:
_____
_____
_____
_____

Pet 2 ☐ cat ☐ dog

Name: _____
Breed: _____
Colors: _____
Age/ DOB _____
Sex _____

Spay/Neuter ☐ Yes ☐ No **Microchip** ☐ Yes ☐ No

Known Health issues:
_____
_____

Medications/ Supplements:
_____
_____
_____
_____

Payment Policy: FULL PAYMENT IS EXPECTED UPON RENDERING SERVICES. Alternative payment plans MUST be discussed PRIOR to the start of care. There is a fee for returned checks. Outstanding balances on accounts ay result in the account information being sent to a collections agency.

By signing, I acknowledge that I am the owner, or authorized agent of the owner, of the above named animal(s) and am agreeing to allow the Peninsula SPCA veterinay team to provide services and care for said animal(s).

Signature: _____ Date: _____