



Welcome to King William Veterinary Clinic

1242 Sharon Road King William, VA 23086

Dr. John R. Haile, D.V.M.

Dr. Lindsey N. Haile, D.V.M.

Home Phone: _____

Email Address for Reminders: _____

Cell Phone: _____

Work Phone: _____

Owner: _____ Date of Birth: _____

Spouse: _____ DL# or SS#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address _____ County: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Previous Vet Clinic: _____

Clinic Hours: **8am-6pm** **Monday - Thursday**
 Closed **Friday - Sunday**

****I am aware that continuous medical care is not available *Overnight from 6:00 p.m. to 8:00 a.m., on weekends and holidays.* A doctor is NOT available during all clinic hours.****

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, treat and/or operate on my animal(s). He/She is to use all reasonable precautions and will not be held responsible or liable as I assume all risks. I assume responsibility for charges incurred in the care of this animal, and I understand that these charges will be paid for at the time of treatment. I understand that a \$25 return check fee will be charged for returned checks, I also understand that should my account be sent to collections a \$25 fee will also be charged.

Signature of Owner: _____ Date: _____

Signature of Person Presenting the Pet for Treatment if Other than Owner: _____
Date: _____

Address of Non-Owner: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____