

Davis Ford Animal Hospital

**Virginia Veterinary Disclosure and Authorization Form**  13478 Minnieville Road #103

Woodbridge, VA 22192

Phone # (703) 491-5134

Email: [davisford101@gmail.com](mailto:davisford101@gmail.com)

**To help reduce the spread of COVID-19, clients will no longer be allowed in the facility.**

**Masks are required at all times.**

SIGN THIS FORM AND RETURN VIA EMAIL.

**CLIENT INFORMATION:**

Owner’s Name (First & Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name (First & Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**As of September 1, 2021, Davis Ford Animal Hospital has the following business hours:**

Monday 8:00 a.m. to 6:00p.m.

Tuesday 8:00 a.m. to 6:00p.m.

Wednesday 8:00 a.m. to 6:00p.m.

Thursday 8:00 a.m. to 6:00p.m.

Friday CLOSED

Saturday CLOSED

Sunday CLOSED

**Davis Ford Animal Hospital has business and medical staffing hours as follows: Monday,Tuesday, Wednesday, and Thursday from 8:00 am to 6:00 pm. We are closed Fridays, Saturdays, Sundays, and holidays. This office does not have after business hours staff care during the following: overnight, weekends or holiday.**

**I have read this form and am aware of the above staffing hours at Davis Ford Animal Hospital and I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.**

**Signature of Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**