



PVH Hours Disclosure

Pursuant to a State of Virginia Law, Act 54.1 - 3806.1, effective July 1, 1991, veterinary practices admitting patients to their facility must disclose hours of continuous medical care. Statements must be signed prior to rendering treatment and are kept on file.

Pearl Veterinary Hospital has business and medical staffing hours as follows: Monday, Tuesday, Thursday, and Friday: 9 am - 5 pm Saturday: Appointment only

We are closed on Wednesday, Sunday, Saturday, and Holidays*.

*Holidays (Closed): New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.

This is to inform you that we have no in-house, on-duty continuous medical staff care outside of business hours listed below:

- Overnight, from closing time 5 pm to opening time at 9 am the next morning.
- Weekends from closing time Friday at 5 pm to opening time on Monday morning at 9 am.
- Holidays above, from closing time before the holiday at 5 pm as noted above to opening time after the holiday at 9 am.
- Holidays fall on Monday, from closing time on weekends to opening time on Tuesday 9 am.

I have read this form and I am aware of the staffing hours at Pearl Veterinary Hospital.

Signature: _____ Date: _____

Print Name: _____

----- Media Release -----

We take a profile picture of each patient for the identification..

We sometimes want to tell a story about your pet because he/she is very special!

Dr. Tran also teaches acupuncture and often presents case studies to students during her lectures.

We would like to ask you to share your pet's pictures with others so that many other people will know the benefits of acupuncture treatment. Your personal information remains confidential.

If you wish to grant Pearl Veterinary Hospital and its employees the right to take photographs of your pet, and publish the same in print and/or electronically, please give us your initial and check "Yes" below.

Thank you for your help!

Check one option:

YES! Please share the picture(s) of my pet to help others.

No. I only want the picture to be kept internally in his/her medical record.



PVH Registration/Authorization Form

Your Name: (Mr. / Mrs. / Miss.) _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

How do you know us? : Google/ Facebook/ Referred by _____

Occupation: _____ Spouse Occupation: _____

Former Veterinary Clinic: _____

Clinic Phone: _____ Clinic email: _____

Pet's Name: _____ Species (circle): Canine / Feline / Other _____

Breed: _____ Coat Color: _____

Gender: Female / Male / Altered? (check if yes) Age: _____ Y/ M DOB: _____

Please list other pets: _____

I, the undersigned owner or authorized agent of the animal above, do hereby authorize the Pearl Veterinary Hospital, its doctor(s), and its staff to perform diagnostics and administer such treatments, either conventional or alternative, necessary for the care of my animal.

I accept financial responsibility for the treatment of the above-named patient and understand that payment in full is due upon release of the animal from Pearl Veterinary Hospital or when the service is otherwise terminated. I realize that in many cases, it is impossible to determine in advance the extent of medical or surgical treatment required for an animal. The hospital staff will attempt to estimate the cost of treatment, but it is understood that the total fee may be higher or lower than the estimate, depending on the actual treatment required.

I certify that I have read and understand this authorization, I hereby release Pearl Veterinary Hospital, its doctor(s) and its staff from any and all claims for negligence, arising out of or connected with the performance of the treatment.

Signature: _____ Date: _____

Print Name: _____