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Rachael Nuzzo, DVM Holly Nightingale, DVM Erin Rockwell, DVM Brittany Jones, DVM

Owner Information:

Name:	Spouse's Name	Spouse's Name:	
Address:	City:	State/Zip:	
Physical Address if above is a P.O. Box:			
Home Phone:	Cell Phone:	Cell Phone:	
SS# or Driver's Lic #:	Spouse's SS# or Driver	Spouse's SS# or Driver's Lic #:	
Employer:	Spouse's Employer:		
E-mail address:	Spouse's conf	Spouse's contact #	
The State of Virginia requires that we notifacility from 5:00pm until 8:00am Monday the following Monday. If we feel that your notify you and make arrangements to transemergency, we will attempt to contact you reach you in a timely manner, we will act reatment, testing and boarding are the respansible Party Information: In all cattreatment, testing and boarding are the respansible. There will be a \$75.00 charge of	y through Thursday and from a pet needs continuous care du sfer your pet to a 24-hour care a to discuss and get permission in the best interest of your pet uses, professional fees, product ponsibility of the client, spous on all returned checks.	5:00pm Friday until 8:00am uring these hours, we will facility. In case of an a for treatment. If we cannot the purchases, all costs related to	
Payment is due in full at the time of serv	<u>vice.</u>		
There will be a \$65.00 cancellation fee for scheduled appointment time without 24-ho	* *	lient fails to show during the	
Signature:	10 10	Date:	
(M	lust be over 18 years old)		