

# VIRGINIA VETERINARY DISCLOSURE FORM

It is **REQUIRED** by Virginia law that the owner of any animal left at any veterinary hospital in the Commonwealth of Virginia read and sign this form in the event the animal is left during non-staffed hours.

## **PLEASE READ CAREFULLY BEFORE SIGNING**

**MERCURY ANIMAL HOSPITAL** has business and medical staffing hours as follows:

**Monday through Friday:** 7:00 am to 5:00 pm {Doctor's hours 8:30 am-11:30 am and 2:30 pm- 4:00 pm}

**Saturday:** 7:00 am- 12:00 pm {Doctor's hours 8:30 am-11:00 am}

**Sundays and Holidays:** **CLOSED**

**THEREFORE, THIS IS TO INFORM YOU THAT WE DO NOT HAVE *IN-HOUSE, ON-DUTY CONTINUOUS* STAFF CARE. STAFFING HOURS ARE AS FOLLOVED:**

- 1) **OVERNIGHT:** from closing time (5:00 pm) to opening time, the next day (7:00 am)
- 2) **WEEKENDS:** from closing time Saturday (12:00 pm) to opening time Monday morning (7:00 am)
- 3) **HOLIDAYS:** from closing time (5:00 pm) the day before the holiday to opening time (7:00 am) the day after the holiday; {some modifications may occur}
4. **HOLIDAYS FALLING ON A MONDAY:** from closing time (12:00 pm) on Saturday to opening time (7:00 am) on the following Tuesday

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**PLEASE NOTE:** Veterinary care is provided **EVERY DAY** (including Sundays and holidays) during non-staffed hours. This means that all pets (boarding and hospitalized) are fed, walked cleaned and treated by the staff and the veterinarian on call, at least twice daily. Around the clock veterinary care is available at the Peninsula Animal Referral Center on J. Clyde Morris Blvd. This service may be recommended to you by our veterinarian or you may request this service at any time. The owner is responsible for transportation to and from the emergency veterinary hospital.

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If you have any questions about this or any other matter related to your pet's care, please ask to speak with the veterinarian.

***\*\*THIS DISCLOSURE MUST BE SIGNED, OTHERWISE WE CANNOT TREAT YOUR PET\*\****

I HAVE READ THIS FORM AND I AM AWARE OF THE ABOVE STAFFING HOURS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ADMITTING RECEPTIONIST: \_\_\_\_\_