



Virginia Medical Association
Disclosure Form Proposal
Cherrydale Disclosure Form

Cherrydale Veterinary Clinic would like to notify you of our hours of operation, which are as follows:

Monday – Friday	7:00 a.m. to 9:00 p.m.
Saturday	8:00 a.m. to 5:00 p.m.
Sunday	10:00 a.m. to 5:00 p.m.

Please note that except during the above noted hours of operation, continuous veterinary medical care is not available.

Please acknowledge your receipt and understanding of the foregoing by signing and dating this form on the line indicated below.

Date: _____ Signature: _____
Print Name _____