



WINTER PARK VETERINARY HOSPITAL

A Compassionate Commitment to Quality Pet Care Since 1955!

NEW CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pets. So that we may become better acquainted, please complete the following:

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ Unit: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Would you like us to call you at work? Y N
 Picture Text*: _____ E-mail**: _____
 * Client agrees to any additional charges that may apply from their phone company when receiving text messages. ** E-mail is required for important hospital communication and will never be sold or distributed to outside sources.

SECONDARY CONTACT

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ Unit: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Would you like us to call you at work? Y N
 Relationship to Client: _____ E-mail: _____

REFERRAL INFORMATION

How did you become aware of our hospital? Drove By Yellow Pages Chamber of Commerce EAGO Previous Client
 Welcome back!
 Personal Recommendation: _____ Please note which client so that we may thank them for the referral.
 Other Veterinarian: _____ Please note which veterinarian so that we may thank them for the referral.
 Pet Store: _____ Please note which pet store so that we may thank them for the referral.
 Internet: Please circle. Google Facebook Yelp AngiesList Other: _____

PATIENT INFORMATION

Pet Name : _____ Trupanion / Pet Insurance: _____
 Species : Canine Feline Avian Small Mammal Reptile Other: _____
 Breed: _____ Color: _____ Age/Birth Date: _____
 Sex : Male Female Undetermined Spayed/Neutered? Yes No Undetermined

ACKNOWLEDGEMENTS

Initial: _____ Payment is expected at the time services are rendered. All charges must be paid in full prior to discharge. We accept cash, American Express, Discover, MasterCard, VISA, and Care Credit. There is a \$25.00 returned check fee and collection will be actively pursued.
 Initial: _____ We encourage you to ask our receptionists about the cost of general services as well as to review and discuss with your doctor the estimate for your pet's treatment plan, so that you have time to make any necessary financial arrangements and ask questions. You can further discuss any potential risks and benefits of procedures. No medicine is an exact science and thus no guarantee of successful treatment can be made.
 Initial: _____ WPVH is committed to providing comprehensive, excellent veterinary services for your pet. We understand, at times, it may be necessary to discuss alternate forms of treatment. We are happy to help you explore these alternatives in order to arrive at the best plan for your family & pet.
 Initial: _____ A deposit of 75% of maximum estimated total for surgery, dental, extensive treatment, hospitalization and/or first-time boarding is required at the time your pet is admitted. Please keep your copy of estimates. Remaining balance is due prior to discharge. Estimates are honored for 30 days.
 Initial: _____ Fee estimates are approximations of expected medical costs and can vary significantly. We will attempt to contact you regarding significant change in treatment/fees as they occur. It is essential you leave us with phone numbers where you can be contacted quickly.
 Initial: _____ We strongly suggest you ask daily about current charges during your pet's hospitalization in that they can change, and at times, increase significantly, based on the medical status of your pet. This is especially important prior to your pet's discharge appointment so that you can have any questions you might have answered.
 Initial: _____ We are happy to reschedule your pet's appointment with a minimum of 24-hours notice. Without this notice, it is necessary to charge a cancellation fee of \$30 to \$50 to account for doctor/technician time and surgical equipment reserved exclusively for your pet. This also applies to boarding reservations.

X
 I have read and agree to the financial requirements & terms detailed above for all animals I bring to WPVH. _____ Date _____
 Staff Use:
 Client #: _____