

GoldenView Veterinary Hospital

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to complete these three information sheets. (please print legibly)

Owner's Name: _____ Home Phone: _____
Owner of record must be at least 18 years of age.

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____ Other: _____

Employer's Name: _____ Spouse Name: _____

Spouse Work: _____ Spouse Cell: _____ Spouse other: _____

E-mail Address: _____ Email will enable use of Pet Portals –
email reminders and online access to

Do you prefer reminders sent by: E-mail _____ US Post _____ your pet's medical information!

In case of Emergency, if different than the above named, please complete this section.

Contact: _____ Relationship to Owner: _____

Phone #: _____

Other Person(s) Authorized to Give Consent for Surgery or Treatment:

Contact: _____ Relationship to Owner: _____

Phone #: _____

Name of previous/current veterinarian: _____

How did you hear of our hospital? (Please be specific) _____

Preferred Method of Payment: **Cash** **Credit Card** **Care Credit** (We do NOT accept checks.)

Social Security #: _____ Driver's License #: _____

***We will ask for your ID to verify your identity; please have this ready for our Client Service Representative. PLEASE READ AND SIGN GVH FINANCIAL POLICY.**

**At any time, you may ask us for a written Diagnostic/Treatment Plan (which includes the fee estimate).
Professional fees are due and payable at the time services are rendered.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I understand that GVH is not staffed 24 hours per day and the continuous presence of qualified personnel may not be provided. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) I'm listing and any additional pets I/we present in the future. I understand that it is my/our responsibility to keep all account information (including, but not limited to: address, phone, email and all other owner information under this household) current with GoldenView Veterinary Hospital.

I agree to pay the fees for all services rendered at the time my pet/s are discharged from the hospital and agree to pay for the costs of collection/check fees and/or legal action/court costs in the event that collection efforts become necessary. I have read and signed the GVH Financial Policy. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, GVH is to assume that the pet is abandoned and I hereby authorize GVH to assume legal accountability for the disposition of said abandoned animal.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. To help prevent the spread of infectious diseases, all hospitalized and boarded animals must be current on all vaccinations and the required annual testing; vaccination may be updated at the time of your appointment if it is not current.

Signature _____ Date _____

(Only one owner needs to sign, but if multiple legal adults are listed, all are considered responsible.)

Please complete the back side of this form with your pet's information!

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** If more than 3, please ask for an additional sheet! **

<i>Please complete information for all your pets - Thank You!</i>	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M / F	M / F	M / F
Altered or Spayed?	Y / N	Y / N	Y / N
<u>Vaccinations/Tests</u>	<i>Please note the dates the following vaccines/tests were given.</i>		
	Pet #1	Pet #2	Pet #3
<u>DOGS:</u>			
DA2PPV (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Other Vaccines - Please specify			
Rabies (1 or 3 year)			
Heartworm Test			
<u>CATS:</u>			
FVRCP (Distemper)			
FELV (Feline Leukemia)			
FIP (Feline Infectious Peritonitis)			
Rabies			
Other Vaccines - Please Specify			
<u>BIRDS:</u>			
Bloodwork and Fecal			
Psittacosis Test			
Beak and Feather Test (Pbfd)			
Polyoma Vaccine			
<u>FERRETS:</u>			
Distemper			
Rabies			
<u>ALL SPECIES (including REPTILES):</u>			
Fecal Exam			

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Financial Policy

Thank you for choosing GVH for your pet's veterinary care. Our practice will offer you and your pet state of the art medical and surgical care, assist you in maintaining your pet's wellness, and provide a variety of ancillary services to you and your pet.

Of course, the services that we provide do come with an associated cost. We hope that financial considerations will not be an obstacle to offering the best level of care to your non-human family member. We are always available to answer your questions and to assist you in any way that we can. The information in this form is to further communicate to you the variety of payment options we offer to ensure that the cost of care is not a barrier to the quality of care.

For you and your pet's benefit:

- We believe that you, our client, would like to know and understand our financial guidelines in advance of your pets' treatment.
- We believe in the value of clear communication as well as mutual understanding and respect.
- We suggest that you purchase pet insurance for all eligible or insurable pets.
- A Diagnostic/Treatment Plan (or estimate) may be provided prior to providing services and will always be provided to you upon request.
- We are happy to discuss the Diagnostic/Treatment Plan and our practice guidelines with you at anytime.
- For pets who are hospitalized, we will request a deposit of at least 50% of the Diagnostic/Treatment Plan at the time of admission.
- We will update you daily on both your pet's clinical condition and the status of your account.
- We require payment in full at the time services are rendered or, if hospitalized, at the time of discharge/pick up.
- We accept the following forms of payment:
 - Cash
 - MasterCard
 - Visa
 - Discover
 - Care Credit (ask us for more information if you have not heard of Care Credit)

To be able to offer the level of care and service that we do, GoldenView Veterinary Hospital cannot deviate from these outlined policies.

I, _____, understand all fees are due and payable at the time services are rendered and agree to the above stated financial guidelines.

Signature

Date

Client #: _____ **Financial Counselor:** _____