

NEW CLIENT & PATIENT FORM

Welcome to Central Pasco Veterinary Care! Thank you for the opportunity to care for your pets.

To ensure the best care possible, please take the time to fill in this form completely. Thank you!

First Parent Name: _____ Second Parent Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Preferred Contact # (____) _____

First Parent Cell Phone: (____) _____ Second Parent Cell Phone: (____) _____ Is Texting ok? Yes No

First Parent DL # _____ Second Parent DL # _____

Email: _____ County of Residence: Pasco Hillsborough Hernando (circle)

Employers Name: _____

Employers Address: _____ City: _____ State: ____ Zip: _____

How did you hear about us? _____

Who may we thank for referring you? _____ (We will send them a referral reward)

Pet Name: _____ Date of Birth: _____

Type of Pet: Dog Cat Gender: Male Neutered Female Spayed

Breed(s): _____ Color: _____

Food : Dry Brand: _____ Life Stage/Type: _____ Flavor: _____ Amount: _____

Canned Brand: _____ Life Stage/Type: _____ Flavor: _____ Amount: _____

Previous Veterinarian/Hospital: _____ Phone: (____) _____

I hereby authorize the veterinarian to examine, perform diagnostics, administer preventatives and treatments to, and prescribe for the pet listed above. I assume responsibility for all charges incurred in the care of the pets. I understand that these charges must be paid at time of services rendered. It may be necessary to leave a deposit for surgical procedures and diagnostic work ups.

Signature of Parent: _____ Print Name: _____ Date: _____

Signature of Parent: _____ Print Name: _____ Date: _____

WHAT KIND OF CAT ARE YOU?

The Doctors of Central Pasco Veterinary Care would like to customize your cat's preventative care plan based of his/her exposure risks. Please fill out the following so we can assess any concerns:

Cats Name: _____ Age: _____ Breed(s): _____ Spayed/Neutered: _____

THE HOME FRONT:

Where do you live: City Country Farm Wooded Area near your home

Does your Cat go outdoors: Indoor Only Secured in screened in back porch/patio

Walked on a leash in a controlled environment? Unleashed and able to roam free

Where does your cat sleep?: _____ (inside, outside, bedroom)

ON THE ROAD:

Do you travel with your Cat? Air Car Boat Travel to what states: _____

Do you: Stay with Friends Pet Friendly Hotel Travel in an RV Go to Camp sites

If you travel without your pet, they stay at: **(Please also sign a vaccine record request form)**

Boarding Facility: _____ Pet Sitter comes to our home: _____

Friends/Neighbor comes to our home Our pet(s) stay at _____ house

SOCIAL ACTIVITY:

Does your Cat participate in: Cat Shows Pet Therapy School Programs

Do you go to: Grooming Mobile groomer comes to home Kitty Day Care

Do you have any other pets at home: _____

YOUR CATS CHARACTER AT VET VISITS:

Curious/outgoing Quiet and friendly Shy, go slowly Really nervous and may bite

YOUR FAMILY: How many people take care of your cat: _____ Adults _____ Children _____ Seniors

Do any of these people handle: Wildlife Rescue Animals School Animal Programs Other

Does anyone have immune suppressive disease or undergo Chemotherapy?: _____

Medical Record Request Policy

Thank you for choosing Central Pasco Veterinary Care. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of this goal is accurate, complete, and detailed medical records.

With respect to the confidential client, patient, doctor professional relationship, please rest assured that no medical information can be released without a signed medical request form from an account holder with a valid driver's license on file. This form is available at our office, or available for you to download from our website, CentralPascoVetCare.com on the "appointments" page. If an outside facility were to call/email/fax us, they would simply be told that we need a direct request from our client due to confidentiality.

Fees associated with Medical Record Requests for copies, clerical time, and postage are as follows:

As an ongoing client, there are no fees for:

- Vaccine proof chart to provide to boarding, grooming or training facility.
- One-time complete medical records to apply for pet insurance.
- Our referral of patient to a specialist includes records and one CD of x rays.
- Weight monitoring charts.
- Rabies certificates to apply for county license.
- Spay/neuter certificate to apply for county rebate.

Documents that have fees: (\$1.00/page for first 10 pages, \$0.25 for each additional page + postage)

- Copies of medical records
- Medical notes requests associated with insurance claim or audit
- Requests for law suits in cases of animal bites or custody cases
- Requests from outside agencies not listed above
- Copies of x rays (\$5 per CD)

The Medical Record Request form defines time allowances for the various record requests. No records will be released if an account is not paid in full.

Signed: _____ Printed: _____ Date: _____

Financial Payment Policy

Thank you for choosing Central Pasco Veterinary Care. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Central Pasco Veterinary Care requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa® or MasterCard®
- Convenient Monthly Payment Plans¹ from CareCredit®
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

For some treatments or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care, surgical procedures, and/or hospitalization will require a 50% deposit to begin your pet's treatment.

Additional Policy Information:

Central Pasco Veterinary Care charges \$35 for returned checks.

For clients with pet insurance, we are happy to help with the necessary documentation for you to submit your claim. Bring your pre-filled submission form to your appointments, and please allow 48-72 hours for processing.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client Signature

Date

Client Name (Please Print)

Pet Name

Breed

¹Subject to credit approval