



Conway Veterinary Hospital

Sheri Cassell, DVM

Amanda White, DVM ~ Taylor Goldberg, DVM

WELCOME!

To those of you who are new to us, we're so glad to meet you! Please take a moment to fill out all 4 pages of appropriate information so we may get to know you and your pet better.

Thank you!

Owner: _____ Spouse/Partner: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Preferred Contact: _____

Email*: _____

*Conway Veterinary Hospital, PPLC will not share e-mail information. This is simply a convenient way for us to share info.

PET HEALTH HISTORY

Pet's Name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ D.O.B: _____

Male Neutered Female Spayed

If your pet is not spayed or neutered, do you plan on having it done? Yes No

If no, do you plan on breeding your pet? Yes No

Microchip #: _____

If your pet is not microchipped, would you like to have this done? Yes No

Do you use heartworm prevention for your pet? Yes No Brand _____

If yes, do you give it year around or seasonal? _____

Do you use flea and tick prevention for your pet? Yes No Brand _____

If yes, do you give it year around or seasonal? _____

CONTINUED NEXT PAGE

Has your pet ever had a dental cleaning? Yes No

Does your pet go swimming in lakes and streams? Yes No

Does your pet go hiking with you? Yes No

Please check off any symptoms or problems that you have noticed about your pet.

- | | |
|---|--|
| <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Lameness |
| <input type="checkbox"/> Bleeding Gums / Bad Breath | <input type="checkbox"/> Loss of Balance |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Scooting / Scratching |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Shaking Head / Itching |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Increased Thirst & or Urination |
| <input type="checkbox"/> Eyes Bulging or Bloodshot | <input type="checkbox"/> Vomiting / Diarrhea |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Other _____ |

Reason for today's visit: _____

Describe your pet's diet (Brand of food): _____

Current Medications: _____

Previous Health Conditions: _____

Please check off any of the following that are a concern to you regarding behaviors.

- | | |
|--|---|
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Nipping |
| <input type="checkbox"/> House Breaking | <input type="checkbox"/> Overly rambunctious |
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Problems around children |
| <input type="checkbox"/> Other _____ | |

Please check off any of the following that you would like more information on.

- | | |
|---|---|
| <input type="checkbox"/> Microchip | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> FIV Testing |
| <input type="checkbox"/> Flea/Tick/Heartworm Prevention | <input type="checkbox"/> Spay / Neutering |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Lyme Disease |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Leptospirosis |
| <input type="checkbox"/> Other _____ | |

I am the legal owner (or duly authorized agent for the owner) of the pet described above, and I hereby authorize the veterinarians and professional staff of Conway Veterinary Hospital, PLLC to examine, prescribe for, and treat said pet. I assume responsibility for all charges incurred in the care of my pet. I also understand that ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.***

Signature: _____ **Date:** _____

Client Consent Form

At Conway Veterinary Hospital, we appreciate all our clients and would love to make your pet Facebook and Instagram famous! Please give us your permission to share an image and story of your pet on social media with your signature below. We promise your personal information will not be shared!

- Yes, you can share my pet and or pet's story on future social media posts.
- No thank you, please do not share my pet.

Owner: _____ **Date:** _____

Late Fee Policy

While we understand that unforeseen circumstances may cause you to be a few minutes late for your pet's appointment, we hope you understand that delay may prevent us from providing appropriate care for your pet without creating delays for our other clients and patients.

If you are more than 5 minutes late (for your 20 minute appointment), we will likely need to reschedule your pet's appointment. If we can arrange our schedule to absorb the delay and still provide your pet's care, you will see a \$20 late fee added to your invoice

Signature: _____ **Date:** _____

CONTINUED NEXT PAGE

Conway Veterinary Hospital Financial Policy

We know you have the best interest in mind for your pet. We strive to provide affordable services and accept several methods of payment; however, **payment is due at the time of treatment**. Each patient is charged with an appropriate exam fee which covers both the veterinarian examination and consultation. Additional fees are charged for services and diagnostic tests as determined by your pet's condition. An estimate of these fees will be discussed with you and in some cases, a printed estimate will be generated prior to initiation of treatment.

We have several choices for payment of services provided. Conway Veterinary offers a no-interest payment plan pending approval through Care Credit. We accept personal checks (we DO NOT accept postdated checks), Visa, Mastercard, Discover, American Express, and debit cards. Care Credit is a payment plan established through GECCredit that allows you to start treatment today and spread payments over time. You can apply for Care Credit here or online at www.carecredit.com Applying for Care Credit only takes a few minutes and there is no fee to apply. If application is declined, another form of payment listed below is required.

Payment Options:

- Cash
- Check
- Debit Card
- Visa / Mastercard / Discover/American Express
- Care Credit
- All Pet

I agree to pay for my pet's services in full today with one of the payment options above.

Print Name: _____ Date: _____

Signature: _____