HanoverView Animal Hospital
Welcome Form

Client Information

First Name:_____ Last Name:_____

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

Home Phone:_____ Cell Phone:_____ E-mail:_____

Spouse First/Last Name:_____ Spouse Phone Number:_____

Emergency contact Name:_____ Phone number:_____

Authorized Decision Makers:

Please list any additional people you would like to authorize on your account to discuss your pet's care, receive information, and make medical decisions on your behalf. (ex: additional family members, pet-sitters, etc)

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

How did you hear about us? Personal Recommendation: (Who may we thank?)_____

Advertisement?_____ Social Media? _____

Financial Policy

All professional fees are due at the time services are rendered. For your convenience we accept Cash, Check, Visa, MasterCard, AMEX, Discover, and Care Credit. All past due balances, over 30 days, are assessed a 1.5% per month service (minimum finance charge of $2.00). All balances over 90 days will be assessed an additional $5.00 Monthly Billing Fee. All balances over 90 days past due may be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance. There will be a $25.00 fee assessed for any check unpaid by your bank or financial institution.

No Show Policy.

We truly value you and your pets, and we understand that sometimes unexpected things come up. However, when appointments are missed without a call to reschedule, it prevents us from offering that time to another pet in need. Our policy is that after **three missed appointments without notice**, clients are required to pre-pay for all future visits. This means the office visit fee will be collected at the time of booking and applied to your bill when you check in.

Pet Information

Name:_____ Cat/Dog: _____ Breed:_____

Coat Color:_____ DOB:_____ Male/ Female: _____ Spayed/Neutered?_____

Previous Veterinary Hospital Name: _____ Phone/Email: _____

Have your pet's medical and vaccine records already been sent to HanoverView Animal Hospital? YES / NO
If not: please request that all medical and vaccine records be sent to HanoverView Animal Hospital prior to your pet's first appointment. Records are required before the first visit so our medical team can review your pet's vaccine history, medical history, medications, allergies, and any previous health concerns.
Send to: contact@hanoverviewanimalhospital.com or fax: 484-281-9090

Any known allergies? YES / NO If yes, to what? :_____

Any history of vaccine reactions? YES / NO If yes, to what? :_____

Any known behaviors that we need to be aware of: YES / NO Please describe?:_____

_____

Any recent illness or injury: YES / NO If yes,what?:_____

_____

Is your pet currently on a special diet? YES / NO If yes, what?_____

Please list all current supplements and medications (name and dosage), including Flea,Tick and Heartworm Preventatives :

_____ _____

_____ _____

_____ _____

_____ _____

Do you give HanoverView Animal Hospital permission to release your pet's medical records to emergency/urgent care hospitals, boarding/daycare facilities, or veterinary specialists when needed? YES / NO

Pet Insurance Provider (if applicable) _____ Do you give HanoverView Animal Hospital permission to send medical information to the Insurance company listed above? YES / NO

Photo/Social Media Permission

HanoverView Animal Hospital has my permission to photograph my pet and post photos of my pet on the hospital's social media pages. YES / NO

Acknowledgement

I acknowledge that the information provided above is accurate to the best of my knowledge. I have read and understand HanoverView Animal Hospital's Financial Policy and No-Show Policy.

_____ _____

Client Signature Date

_____

Printed Name