<u>WELCOME TO OUR VETERINARY OFFICE</u>

Thank you for choosing us as your quality pet care professionals! All of our efforts are aimed at keeping your pet healthy. So, we ask that you fill out this form so we can get to know you and your pet better.

Owner: _____ Spouse: _____

Address:_____ City:_____ State:_____ ZIP:_____

Home/Cell Phone: _____ Work Phone: _____ Spouse's Phone: _____

E-mail address:_____

**NOTE: Please provide us with your e-mail address so that we can send you reminders for your pet's vaccinations and updates/events for POVS and educational e-mails. This address will not be released to third party solicitors.

Would you allow us here at POVS to use photo(s) of your pet or you on Social Media Sites? Yes___   No___

Who is responsible for authorizing procedures and/or paying for services?_____

NOTE: Full payment is due at time of service. We partner with **CareCredit which allows you to make payments in installments*

Are you interested in learning about CareCredit?   Yes___   No___

Do you have Veterinary Pet Insurance? Yes ___No___   Are you interested in learning about Pet Insurance? _____

How did you become aware of our hospital? Yellow Pages ____Website____ Other_____

Personal Recommendation from _____

How many pets do you have in your home? (Circle & Number) Dog: _____ Cat: _____ Other: _____

1 - Pet's Name_____ (circle) Dog / Cat   Male Neutered Yes/No Female Spayed Yes/No
Breed_____ Color_____ Date of Birth ___/___/___ Approximate Age_____

2 - Pet's Name_____ (circle) Dog / Cat   Male Neutered Yes/No Female Spayed Yes/No
Breed_____ Color_____ Date of Birth ___/___/___ Approximate Age_____

3 - Pet's Name_____ (circle) Dog / Cat   Male Neutered Yes/No Female Spayed Yes/No
Breed_____ Color_____ Date of Birth ___/___/___ Approximate Age_____

Please allow us to make/get a copy of your pets records. Previous Veterinary: _____

Health History (vaccines/illness/injury/surgeries): _____

List any current medications that your pet is on:_____

Your dog's last Heartworm Test?_____ Are they on preventative? (circle) Yes / No If yes what kind:_____

What flea/tick control product(s) do you use?_____ How often:_____

What is the reason for your visit today?_____

Penn-Ohio Veterinary Services, LLC

5 JIMRO ROAD | WEST MIDDLESEX, PA 16159 | Phone (724) 528-8387 | Fax (724) 528-8386

Financial Policy

Thank you for choosing Penn-Ohio Veterinary Services. 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.

Penn-Ohio Veterinary Services 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®, MasterCard® or Discover Card®

- Convenient Monthly Payment Options[1] from the CareCredit® Healthcare CreditCard

- 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 reapply[1]

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of, will require a deposit to begin your pet's treatment.

Additional Policy Information:

Penn-Ohio Veterinary Services charges $25 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

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/Owner Signature   Date

_____

Client/Owner Name (Please Print)

[1]Subject to credit approval