



Client and Patient Information

Welcome to Miami Valley Animal Hospital

Our mission is to provide our patients with the best medical care and compassionate treatment.

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CLIENT INFORMATION

Last name: _____ First Name: _____

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

Cell: _____ Home Phone: _____

Email Address: _____ DOB: _____

SSN: _____ Driver's License/State ID _____ State: _____

Additional Name: _____ Phone: _____

The Additional person listed above is also financially responsible for this account and is allowed to have access to related medical and financial information. YES / NO

The Additional person listed above is only able to be included in medical discussions, decisions, and record access, but is in no way financially responsible for this account. YES / NO

Payment is due at time of visit for all services rendered, regardless of who brings in the pet.

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Patient Information

If you have copies of updated vaccine information or records for your new pet, please give a copy to one of the administration staff, so that we may update your pet's health records.

#1
Pet's Name: _____ Type of Pet: Dog _____ Cat _____ Other _____

Breed: _____ Color: _____ Age/DOB _____

Male ___ Neutered? ___ Female ___ Spayed? ___ Microchipped? _____

#2
Pet's Name: _____ Type of Pet: Dog _____ Cat _____ Other _____

Breed: _____ Color: _____ Age/DOB _____

Male ___ Neutered? ___ Female ___ Spayed? ___ Microchipped? _____

Please see the other side for policy and financial information.

Client Initials: _____





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Miami Valley Animal Hospital Cancellation Policy

Due to the nature of our business we often have same day appointment requests for sick pets that need urgent appointments. When we have a client that does not show up for their appointment and does not call to cancel, this creates a space in our day where we could be helping a pet in need, but we are unable to because an appointment was scheduled at that time.

Because of the time it takes to groom a dog, our groomer only books a limited amount per day. Many times her schedule is booked weeks in advance. When someone does not show up for their appointment, this leaves a large gap in the day that she could be helping a pet.

Going forward, we will be charging a no call/no show fee for any appointment that isn't canceled or rescheduled 24 hours in advance. This includes clients on Paw Plans, surgery appointments, regular General Practice appointments and grooming appointments. The no show fee will need to be paid in full before another appointment will be able to be scheduled and a deposit may be required for future appointments. This will help us to see as many pets as possible each and every day.

The fee for these appointments is \$74.50, with the exception of a grooming appointment. Grooming appointments will be charged \$50 and will be subject to prepaying for future grooming appointments at time of schedule. Surgeries/Sedated procedure appointments are subject to being required to put a deposit of 50% of estimated costs at the time of schedule for future appointments. Deposits are non-refundable or transferable.

Financial Information

Miami Valley Animal Hospital does not offer payment plans. We do offer Paw Plans to give discounts and the ability to pay monthly for a package of wellness care items. Please ask us for more information on Paw Plans or visit our website. Payments are due at time of service or upon release from the hospital regardless of who brings the pet. We accept cash, checks, Care Credit, money orders, VISA, Mastercard, and Discover cards. Any balance on an account over 30 days duration is subject to interest charges of 2% of the balance, per month (24%APR) or a \$3 minimum fee. Balances not paid within 30 days of the due date are subject to being sent to collections.

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I hereby authorize the veterinarians at Miami Valley Animal Hospital to examine, prescribe for, or treat the above described pet/s and other pets that may be added to my account in the future. I assume responsibility for all charges incurred in the care of the animal(s) on my account. I understand and agree with the information given in this New Client & Patient form including when payments are due and the cancellation, no call/no show policy.

Print: _____

Sign: _____ **Date:** _____

Processing CSR/ASST (print/sign/date)_____