



METROPOLITAN VETERINARY HOSPITAL INTERNAL MEDICINE DEPARTMENT

1053 S. CLEVELAND-MASSILLON ROAD, AKRON, OH 44321
PHONE: (330) 666-2976 FAX: (330) 666-0519
RECORDSAKRON@METROPOLITANVET.COM

734 ALPHA DRIVE, HIGHLAND HEIGHTS, OH 44143
PHONE: (440) 673-3483 FAX: (216) 539-4914
RECORDSCLEVELAND@METROPOLITANVET.COM

Internal Medicine / Oncology Department– New Client Information

Enclosed you will find a New Client Packet. This packet consists of our practice policies, a client demographics form, a history form regarding your pet's health and a consent form. **These forms must be completed prior to the start of your new appointment. We ask that you arrive 15 minutes early** to ensure adequate time for entry of this information into your pet's medical record.

If you have not already done so, please take a moment to contact your regular veterinarian to inform them that you have a scheduled appointment with our practice. At this time, please request they email or fax a referral form, along with all recent diagnostics and medical history from the past two years on your pet to **recordsakron@metropolitanvet.com or fax: 330-666-0519 for our Akron location OR recordscleveland@metropolitanvet.com or fax: 216-539-4914 for our Cleveland location.** If radiographs have been taken, please request your primary care veterinarian to send them to us **OR please bring a copy of them with you to your appointment.** We will also contact your referring veterinarian to request records. It is also important to bring all your pet's medications and supplements to their first appointment.

**Please be advised that while the best attempt will be made to perform all diagnostics the same day as the consultation, anesthetic procedures (endoscopy, CT scan, airway exams, etc.) and some labwork will require a second visit for completion. Average appointment time for the initial consultation is approximately 60-90 minutes, with additional time requirements to be determined based on the diagnostics recommended; some tests and procedures may require your pet to be here for the entire day.

In order for the doctor to successfully assess your pet, it is important that you **withhold food for 12 hours prior to your appointment (water is OK)**, as feeding may prevent further diagnostics or procedures from being performed. If your pet is referred for a colonoscopy, **please be aware that your initial appointment will be for consultation only**, as a prolonged fast and additional medications are frequently necessary to perform this procedure. Additionally, **if your pet is a diabetic, please feed and administer insulin on their normal schedule.**

We require a minimum of 48 hours notice for cancellations or to reschedule any appointment. If you are unable to keep the above appointment, please contact us at 330-666-2976 for Akron appointments OR 440-673-3483 for Cleveland appointments. Any cancellations or to reschedule any appointments without appropriate notice will be subject to a cancellation fee. Also, if you are going to be late for your appointment, please call us- **arrival more than 10 minutes past your scheduled appointment time may result in rescheduling.** Please call us if you have any questions or concerns.



METROPOLITAN VETERINARY HOSPITAL INTERNAL MEDICINE DEPARTMENT

1053 S. CLEVELAND-MASSILLON ROAD, AKRON, OH 44321
PHONE: (330) 666-2976 FAX: (330) 666-0519
RECORDSAKRON@METROPOLITANVET.COM

734 ALPHA DRIVE, HIGHLAND HEIGHTS, OH 44143
PHONE: (440) 673-3483 FAX: (216) 539-4914
RECORDSCLEVELAND@METROPOLITANVET.COM

Appointments

Appointments may be scheduled Monday through Friday from 8:00am to 5:00pm. Please schedule your recheck appointments at least 10-14 days in advance. This allows us to accommodate your schedule as best as possible. Additionally, we request scheduling your recheck appointment with the doctor that originally treated your pet. In the event two appointments are canceled without proper notice a deposit will be asked for by the receptionist when making the next appointment. This deposit will be lost if that appointment is canceled.

Phone Calls

For continuity of care, we request that you call with progress reports and other non-urgent calls during the practice business hours Monday through Friday 8:00am to 5:00pm. Your doctor or his/her technician will return your call at their earliest opportunity.

Visiting Hours

Visiting hours for hospitalized patients are between 10am and 6pm during regular business hours and these must be scheduled and approved by the attending clinician. Unless otherwise arranged, the doctor may not be available to discuss the case with you while you are visiting. Please refrain from touching other animals while visiting. This is for your safety and to prevent the spread of infectious diseases. In-room visits are limited to 30 minutes once a day. If your pet is hospitalized in the ICU, your visit will be limited to 5-10 minutes once daily. This allows the ICU staff can continue providing treatment to critical patients.

Food and Medications

We encourage you to bring your pet's food and medication. This may reduce the cost of medications while hospitalized and allows for verification of dosages. We will be happy to fill or call-in prescriptions for your pet during business hours Monday through Friday (8am-4:00pm). Please contact us a minimum of three business days in advance for refills of your pet's medication.

Personal Items

An identification collar will be placed on your pet upon admission – please take his/her leash and collar (or travel carrier, if applicable) with you. We request that you do not leave personal items (blankets, clothing, toys, etc.) with your pet. The hospital will provide appropriate bedding during your pet's stay. We cannot ensure that personal items will not be lost or damaged in the laundry.

Patient Updates

Hospital rounds for doctors and technical staff occur from 9:00am to 9:30am every morning to assess the progress of your pet. After rounds, a veterinary technician will provide you with a medical update between 10:00am and 12:00pm. He/she will let you know how your pet did overnight and discuss planned treatments and diagnostics. Your doctor will call with a medical update each evening. Calls may be made as late as 8 or 9 pm to ensure that our doctors are able to provide the best possible treatment to our patients. We realize that it is difficult to wait for information regarding your pet. Rest assured that "no news is good news" and that you will be contacted immediately in the event of an emergency or change in medical status requiring significant decisions. Communication is greatly simplified and expedited by the designation of one contact person.

Discharges

When your pet has been cleared for discharge, a veterinary technician or receptionist will contact you to schedule a release time. This is an appointment to pick up your pet. As such, this time is designated for your doctor to review your pet's discharge instructions and medications, and to answer questions that you may have. In the event that you are unable to arrive during business hours, your pet's doctor may discuss the discharge instructions with you over the phone and your pet will be released to you by the emergency staff.

Pending Results

We will call you with test results and recommendations as they become available. Please note that repeated calls to check on results create delays and prevents the staff from focusing on patient care. A veterinary technician will contact you if your pet's results are normal or indicate minor abnormalities. If questions or concerns remain after speaking with the technician, your doctor will follow up with you at his/her next available opportunity. Emergent concerns are encouraged to present to the emergency department.



METROPOLITAN VETERINARY HOSPITAL INTERNAL MEDICINE DEPARTMENT

1053 S. CLEVELAND-MASSILLON ROAD, AKRON, OH 44321
PHONE: (330) 666-2976 FAX: (330) 666-0519
RECORDSAKRON@METROPOLITANVET.COM

734 ALPHA DRIVE, HIGHLAND HEIGHTS, OH 44143
PHONE: (440) 673-3483 FAX: (216) 539-4914
RECORDSCLEVELAND@METROPOLITANVET.COM

Client Name:		Patient Name:	
Client ID:		Patient ID:	
Date:			

Financial Information:

I assume all financial responsibility for **full payment of expenses incurred is due** at the time that my pet is released. An estimate of cost will be provided during the initial consultation **prior to any treatment and/or diagnostics testing**. I may be asked to leave a deposit if my pet is hospitalized overnight for further treatment. I understand that Metropolitan Veterinary Hospital does their best to provide a complete invoice at the time of discharge, but due to the nature and timing of certain procedures, all charges may not be posted at the time of release. In the event of this occurrence, I understand I will receive a bill/credit for these services.

Consent Information:

I do hereby consent and authorize Metropolitan Veterinary Hospital, its doctors and staff, or licensed authorized agents to administer treatments, medications, diagnostic tests, and/or surgical procedures, as is deemed necessary for the health, safety, and well-being of the animal. An estimate of cost will be provided during the initial consultation **prior to any treatment and/or diagnostics testing**. I understand that some degree of risk, including death is inherent in the use of drugs, administering anesthesia, or performing surgery and I am willing to accept the associated risks where my pet is concerned. Except in the case of gross negligence or incompetence, Metropolitan Veterinary Hospital, its doctors and staff, are hereby released from responsibility should the outcome of these procedures not be as anticipated.

Signature: _____

Date: _____

Internal Medicine/Oncology Department - Patient History Form

Client Name: _____ Date: _____

Patient Name: _____ Breed: _____ Age: _____

PATIENT INFORMATION:

How long have you owned your pet? _____ ; Is your pet a rescue? Yes No

Is your pet indoor/outdoor or both? _____

Up to date on vaccinations? Yes No Date of Last Vaccination: _____

Does your pet have a history of fleas/ticks? Yes No If yes, when? _____

Is your pet on heartworm/ flea/ tick prevention? Yes No What brand and date last given: _____

Has your pet traveled out of state? Yes No Where/When? _____

Are there any other pets in your household? Yes No Describe: _____

Diet (circle all that apply): Can Dry Semi-Moist Table Food Brand Name: _____

Animal Attitude (circle all that apply): Gentle Requires Muzzle Aggressive Prefers Men Prefers Women

Current Medical Problems (i.e., Why did you bring your pet for evaluation?): _____

How long has your pet been sick? _____

When did your pet last eat? _____ AM or PM

Have any of the following changes been observed in your pet?:

Appetite: Yes No Increased Decreased Describe: _____

Water Intake: Yes No Increased Decreased Describe: _____

Weight: Yes No Increased Decreased Describe: _____

Urinations Yes No Increased Decreased Describe: _____

Circle if applicable: Straining? Blood in Urine? Unusual Odor? Vaginal Discharge?

Bowel Habits: Yes No Increased Decreased Describe: _____

Circle if applicable: Straining? Diarrhea? Tar Colored? Fresh Blood? Mucus?

Vomiting: Yes No Increased Decreased Describe: _____

Coughing: Yes No Increased Decreased Describe: _____

Sneezing: Yes No Increased Decreased Describe: _____

Seizures: Yes No Increased Decreased Describe: _____

Skin Changes: Yes No Increased Decreased Describe: _____

Change in Walking: Yes No Wobbly Arthritis Describe: _____

Tumors/Swellings: Yes No Location: _____ Describe: _____

Any recent trauma/injury? _____

Current Medications (include dosage, frequency and any supplements): _____

Pharmacy name, location & phone number that you typically use (preferred pharmacies we work with are Giant Eagle, Rite Aid, Walgreens, Discount Drug Mart and Walmart): _____

Past Medical Problems (include surgery, trauma, medical conditions, kidney failure, heart failure, etc.) _____

Has your pet ever had a blood transfusion: If yes, when? _____

Did your regular veterinarian give you any information for the doctor to review? Yes No

➔ If yes, circle all that apply: Referral letter and summary X-Rays Copies of test results

METROPOLITAN VETERINARY HOSPITAL

Date: _____ Time: _____

CLIENT INFORMATION (Please fill out all blanks applicable):

Have you ever been here before? YES NO If yes, when: _____ Pet Name: _____

Previous Doctor(s) seen here: _____

Name of person presenting pet: _____ Relationship to owner: _____

OWNER'S NAME: _____ SPOUSE/CO-OWNER: _____

Address: _____ ADDRESS: _____

CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____

BEST phone number#:(____) _____ cell home work BEST phone number#:(____) _____ cell home work

2nd phone number#:(____) _____ cell home work 2nd phone number#:(____) _____ cell home work

3rd phone number#:(____) _____ cell home work 3rd phone number#:(____) _____ cell home work

EMPLOYER: _____ EMPLOYER: _____

OCCUPATION: _____ OCCUPATION: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____

DRIVERS LICENSE NUMBER: _____ DRIVERS LICENSE NUMBER: _____

PET INFORMATION:

PET NAME: _____

SPECIES (circle one): Canine or Feline Other: _____ Breed: _____

AGE: _____ BIRTH DATE: _____ SEX (circle one): Male or Male - Neutered / Female or Female – Spayed

COLOR MARKINGS: _____ WEIGHT: _____

ANY KNOWN ALLERGIES: _____

DATE OF LAST RABIES VACCINATION: _____

ATTITUDE: (CIRCLE ANY THAT APPLY) MUZZLE / AGGRESSIVE / DOG AGGRESSIVE / PREFERS MEN / PREFERS WOMEN

PPRIMARY CARE VETERINARIAN(S):

DOCTOR LAST NAME & PRACTICE: _____

LOCATION: _____ TELEPHONE NUMBER: _____

CLINIC/DOCTOR THAT REFERRED YOU (if different than above): _____