

## New Client/Patient Packet and Check List



Thank you for choosing Hyde Park Veterinary Clinic! We are looking forward to meeting you and your pet(s) at your upcoming appointment. In order to expedite the new patient process, we ask that you complete the attached documents and obtain your pet's medical records (including the most recent vaccinations). Once you have completed and signed the documents, please send the documents and your pet's medical records to us **at least 24 hours prior to your appointment.** Here are some options for sending these documents to us: you may e-mail them to us as an attachment or a photo to [info@hydeparkvet.com](mailto:info@hydeparkvet.com) or you may fax them to us at 813-448-1288. Please use the checklist below to ensure you have submitted all of the required documents for your appointment. If you have any questions please call us at 813-259-9698. Thank you again for choosing Hyde Park Veterinary Clinic for your veterinary needs!

### Checklist

- Full medical records
- New Client Form
- Financial Policy
- Low Stress Handling Agreement
- Photo Release Form
- New Client Additional Pet(s) – \*optional\*

# NEW CLIENT FORM



Date: \_\_\_\_\_

How did you hear about us:

Drive by       Animal Shelter/Pet Rescue       Internet       Other

Personal referral by: \_\_\_\_\_

## OWNER INFORMATION:

Name: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
DL #: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Which phone number is your primary voice contact? (Please circle one)  
Home                      Cellular                      Work

In order to be more environmentally friendly, we email your pet's reminders and appointment confirmations. We respect your privacy and will not distribute your email address to any other party.

## CO - OWNER INFORMATION:

Name: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

## PET INFORMATION:

Cat     Dog    Other: \_\_\_\_\_    Sex:                       Male                       Female  
Pet's Name: \_\_\_\_\_    Spayed/Neutered     Yes                       No  
Breed: \_\_\_\_\_    Date of Birth: \_\_\_\_\_  
Micro-chipped? \_\_\_\_\_    Color of Pet: \_\_\_\_\_

## PRIOR VETERINARY CLINIC INFORMATION:

Veterinary Clinic Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Prior Vet Phone: \_\_\_\_\_

Payment is due when services are rendered

# Hyde Park Veterinary Clinic

1111 W Swann Ave | Tampa, FL 33606 | Phone 813-259-9698 | Fax 813-448-1288

## Financial Policy

Thank you for choosing Hyde Park Veterinary Clinic. 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. Hyde Park Veterinary Clinic **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<sup>®</sup>, MasterCard<sup>®</sup> or Discover Card<sup>®</sup>, American Express<sup>®</sup>
- Convenient Monthly Payment Plans\* from CareCredit<sup>®</sup>
  - 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<sup>1</sup>

### Additional Policy Information:

Hyde Park Veterinary Clinic charges \$15 for returned checks. In the event that your payment does not process, a monthly billing charge of \$5.00 and a monthly financing charge of 1.5% of the balance due. 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:

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Client/Owner Signature

Date

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Client/Owner Name (Please Print)

\*Subject to credit approval

# Low Stress Handling Policy Form

Our clinic is a Silver Certified Low Stress Handling Veterinary Practice. Low Stress handling works best when the pet owners and the veterinary staff work together. The following hospital policies have been developed to ensure that both you and your pet remain safe and as stress-free as possible while in our care.

## The following policies are strictly enforced while visiting our clinic

- \* **NO retractable leashes**
- \* **NO prong collars**
- \* **NO shock collars**
- \* **All dogs must be on a leash**
- \* **All cats must be in a carrier**

## Additional Information

Retractable leashes do not appropriately guarantee the safety of other pets and people. Therefore, a non-retractable leash must be used for any dogs that come for a visit. If you do not have a non-retractable leash, one will be provided to you by our staff.

Prong collars and shock collars can cause unnecessary risks to our doctors and staff when they are handling your pet. We are happy to provide you with an alternative collar and leash for your visit. If your pet is unhappy being in close quarters around other animals or humans, we ask that you call us from your car when you arrive to the clinic. One of our staff members will gladly meet you outside and walk you into the clinic through a private entrance. This will ensure that your pet avoids any interactions with other animals or people that may cause him or her to become overly anxious. During visits, our staff will offer treats to pet dogs such as peanut butter, soft meaty treats and cheese. For cats we offer canned cat food or tuna. If your pet has a favorite treat or has special dietary requirements, please feel free to bring your own treats to your appointment. Also, in order to make sure your pet is interested in the treats we offer, we ask that you please bring your pet in for its appointment with an appetite (do not feed a meal right before a visit).

X

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Signature

X

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Today's Date

# Photo Release Form

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I grant to Hyde Park Veterinary Clinic, its representatives and employees the right to take photographs of my pet, and to use and publish the same in print and/or electronically. I agree that Hyde Park Veterinary Clinic may use such photographs of my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and Web content.

\_\_\_\_\_ The above may take photos of my pet.

\_\_\_\_\_ The above may **NOT** take photos of my pet.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# NEW CLIENT FORM – ADDITIONAL PETS



Client Name: \_\_\_\_\_

## SECOND PET INFORMATION:

Cat  Dog Other: \_\_\_\_\_ Sex:  Male  Female

Pet's Name: \_\_\_\_\_ Spayed/Neutered  Yes  No

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of last vaccines: \_\_\_\_\_ Color of Pet: \_\_\_\_\_

Prior Veterinary Clinic Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Prior Vet Phone: \_\_\_\_\_

## THIRD PET INFORMATION:

Cat  Dog Other: \_\_\_\_\_ Sex:  Male  Female

Pet's Name: \_\_\_\_\_ Spayed/Neutered  Yes  No

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of last vaccines: \_\_\_\_\_ Color of Pet: \_\_\_\_\_

Prior Veterinary Clinic Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Prior Vet Phone: \_\_\_\_\_

## FOURTH PET INFORMATION:

Cat  Dog Other: \_\_\_\_\_ Sex:  Male  Female

Pet's Name: \_\_\_\_\_ Spayed/Neutered  Yes  No

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of last vaccines: \_\_\_\_\_ Color of Pet: \_\_\_\_\_

Prior Veterinary Clinic Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Prior Vet Phone: \_\_\_\_\_