

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 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:

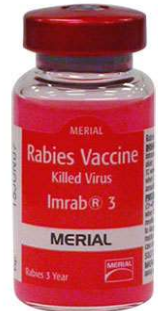
Veterinary Clinic Name: _____
City: _____ State: _____ Prior Vet Phone: _____

Payment is due when services are rendered

Hyde Park Veterinary Clinic's Vaccination Policy

****IMPORTANT: PLEASE READ****

In order to keep all of our patients, clients, and staff safe, it is required that your pet be up-to-date on its rabies vaccination. Having your pet vaccinated for rabies is a Florida state law. In order to handle your pet, proof of a current rabies vaccination must be presented to our staff. If your pet does not have a current rabies vaccine, we require that your pet be vaccinated at the time of its appointment. The only exception to this will be if one of our doctors deems that it is not medically safe to vaccinate your pet. If you decline to have your pet vaccinated against rabies, we will respectfully understand but will not be able to serve your veterinary needs. If you have concerns regarding this, please call to speak with us **prior** to your appointment.





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®, MasterCard® or Discover Card® , American Express®
- Convenient Monthly Payment Plans* from CareCredit®
- Payment plan options from ScratchPay

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:

Client/Owner Signature

Date

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

Signature

X

Today's Date

Photo Release Form

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: _____