**New Client Information**

**Welcome to Our Practice!**

**It is our pleasure and privilege to provide veterinary care for your pet!**

**Primary Caretaker**

Mrs. Mr. Dr. Ms. Miss \_\_\_\_

First Name: Last Name:

Additional parties authorized to request or receive information and make legal decisions regarding my pet’s care at GMVH (must be 18 years of age or older):

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**

Address: City:

State: Zip:

Cell Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

 \* Only one email eligible to keep on file. \* Your email address will be kept as part of your confidential file.

\* Your email will be used to send reminders for your pets and occasional messages from Dr. Parker to all of our clients.

We are a paperless practice.

**How did you hear about us?**

Drive-by \_\_\_\_ Advertisement \_\_\_\_ Internet search \_\_\_\_ Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check here if you would like to learn more about the benefits of any dog or cat enrolled in our BLOOD DONOR PROGRAM \_\_\_\_\_\_\_\_\_

Continue to Pet Information 🡪

**Pet/Patient Information**

**Please fill out one New Patient Form for each pet.**

**Confirm Client Name**

First Name: Last Name:

**Patient Information**

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species: Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth (or approx. age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you obtain your pet and approximately how old was he/she when you got him/her?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaccination Status**: Please provide the month and year of your pet’s latest vaccination AND which veterinarian/veterinary hospital administered them. If not known, state whether your pet is up to date or not and where the previous vaccines were performed.

Canine Feline

 ● Rabies ● Rabies

 ● Distemper combo ● Distemper combo

 ● Bordetella/Kennel Cough ● Leukemia

 ● Leptospirosis ● Annual Fecal test

 ● Lyme ● FelV/FIV test

 ● Influenza

 ● Annual Fecal test

 ● Heartworm test

 Please list name of past veterinary hospital where vaccines were completed if you would like us to

 obtain records. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet microchipped? If so, can you please provide the number and who it is registered with?

**Medical History and Diet**

Please list any past medical or surgical issues your pet has experienced.

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Please list current or recent medications, supplements, or nutraceuticals. Please list the names and doses if known:

Name Dose

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your pet ever traveled outside of the state? If so, where and when?

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Does your pet have any allergies to vaccines, medications or food? If so, please provide details.

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Current diet, including treats: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Housing: Indoor\_\_\_\_\_ Outdoor\_\_\_\_\_ Indoor/Outdoor\_\_\_\_\_

Is your pet supervised while outside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continue to Payment Policy 🡪

**Glen Mills Veterinary Hospital Payment Policy**

In order to continue to provide each pet with the highest quality veterinary care, payment in full is due at the time services are rendered. We do not offer delayed billing.

We accept Cash, Debit, Visa, MasterCard, Discover and American Express as forms of payment. We also accept personal checks, which are processed electronically and require presentation of your State Driver's License.

We accept CareCredit as another form of payment. We are happy to assist you in the application and approval process. There is no fee to apply. Standard terms apply for any transaction under $200.00. Any transaction over $200.00 qualifies for a 6 month no interest repayment plan, as long as regular minimum monthly payments are made until the balance is paid in full by the end of the promotional period. Our practice only participates in the 6 month no interest repayment plan option. Please feel free to inquire at the front desk if you are interested in applying or have any additional questions.

**If your pet is admitted into our hospital, an estimate will be provided to you and a 75% deposit of the high end total of the estimate is required upon admission.**

Another option for assistance in paying for your pet's health care is to enroll in a pet health insurance plan. Glen Mills Veterinary Hospital does not endorse any particular insurance company. We do have informational brochures available in our lobby as a courtesy for our clients. We encourage all of our clients to do their own research to find the best policy that suits their needs. The policy holder pays for all services at the time of their visit and then seeks reimbursement from the insurance company. It is our pleasure to assist you with the completion of claim forms or to provide an additional copy of your paid invoice at any time. Depending on the policy you choose, reimbursement for paid services will be sent directly to you as the policy holder.

Please do not hesitate to speak with any member of our staff if you have financial concerns at any time. We are able to provide you with detailed estimates for any services and are happy to review and explain any costs with you. We will do our very best to provide you with treatment options that will work within your budget.

**I have read and agree to the above policies.**

**Signed: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**