



WELCOME!

12515 Wicker Avenue • Cedar Lake, IN 46303
(219) 374 – 9443

Thank you for giving us the opportunity to care for your pet! We look forward to addressing all of your pet's health concerns. To offer you the best care possible, please take a moment to fill out both pages of this form. Thank You!

CLIENT REGISTRATION

Today's Date _____

Owner's Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone(____) _____

E-Mail Address _____

Preferred method of contact: Home Work Cell Other _____

Spouse or Other Joint Owner's Name _____

Relationship _____ Phone (____) _____ Work Cell Other

How did you learn of our clinic? Yellow Pages Sign Website Mail/Brochure Billboard Alsip Nursery Recommendation- If recommended, by whom? _____

TREATMENT & PAYMENT POLICIES

Treatment & Payment Policies. All pets presented to Hanover Veterinary Hospital for veterinary care will be assessed by a veterinarian who will develop a treatment plan for your pet. Any visit utilizing doctor or technician time will incur a mandatory office visit fee in addition to any treatments or diagnostics. This includes, but is not limited to, exams, consultations, vaccines, and recheck exams. You are responsible for all fees incurred in the care of your pet. For elective procedures and boarding, fees are collected when you drop your pet off. For all other services, fees are due upon the release of your pet. Hanover Veterinary Hospital is NOT in the business of extending credit to our clients. However, third-party payment options may be available through Care Credit. Please ask our receptionist or visit www.CareCredit.com for more information about this option. Hanover Veterinary Hospital cannot guarantee extension of credit through any third-party, so if you need to rely on a payment plan for your visit, you should be approved prior to admitting your pet for treatment. We will gladly provide you with an estimate of fees if asked. It is your responsibility to ask for an estimate whenever you feel appropriate before any tests or treatments are performed by our doctors or staff. Any unpaid balances will immediately incur a delayed billing charge of \$20, a recurring monthly service charge of \$5 or 1.8% per month, whichever is greater, and you will be responsible for any attorney fees, court costs, and collection fees necessary in collecting unpaid balances. We accept cash and major credit cards for payment. **Sorry, we do not accept personal checks.**

Doctor Preference. Veterinary care is offered by multiple doctors at Hanover Veterinary Hospital. If you have a preference to see a certain doctor, please advise us when making your appointment. We will gladly try to accommodate your request.

Hours Of Operation. Hanover Veterinary Hospital is an outpatient clinic and provides veterinary care during scheduled operating hours, which are subject to change. For best service, appointments should be made in advance. If you have an emergency, please call our office immediately to ensure we are open and have a doctor available to see you immediately. If you have an emergency after-hours, or if a doctor is not available, please contact the closest emergency clinic, Calumet Emergency Veterinary Clinic.

Hospitalization. If you have a pet that requires inpatient treatment, we are happy to provide daytime hospitalization. However, patients that require care overnight may be directed to an overnight or emergency clinic to continue treatments that we cannot provide due to our operating hours. Hanover Veterinary Hospital is NOT staffed by medical personnel overnight, after 1pm Saturday, or on Sundays or holidays. Pets admitted for boarding are cared for outside of regular business hours by our kennel staff.

Third Party Medical Providers and Specialists. We are not affiliated financially with any emergency clinic or specialist in any way. Any questions regarding payment policies or medical treatment provided by an outside provider must be addressed to them directly. In the event that we refer you to a specialist or emergency clinician for continued treatment, we will coordinate the transfer of information and records, and may help set up an appointment for you. Once out of our care, your specialist or emergency clinician will be in charge of your pet's medical care until formal instructions are given back to us to continue overseeing your pet's care and medical condition.

We reserve the right to deny treatment to aggressive pets that cannot be safely restrained for examination.

I understand and agree to abide by the above policies. Signature of Owner _____ Date _____

Preferred Payment: Cash MasterCard Visa Discover AMEX CareCredit **We DO NOT accept personal checks.**



HANOVER VETERINARY HOSPITAL

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PATIENT REGISTRATION *(Please fill out a new form for each pet)*

Pet's Name _____ Cat Dog Other _____

Breed _____ Color _____ Birthdate _____

Male Female Spayed/Neutered? Yes No

How long have you owned your pet? _____

Reason for Visit _____

Vaccination History (Date & Type of Last Vaccines) _____

Does your pet have any known allergies? _____

Please check any symptoms or problems that your pet has:

- | | | |
|---|--|-----------------|
| <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Loss | How Long? _____ |
| <input type="checkbox"/> Appetite Increase | <input type="checkbox"/> Decrease | How Long? _____ |
| <input type="checkbox"/> Vomiting | | How Long? _____ |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation | How Long? _____ |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing | How Long? _____ |
| <input type="checkbox"/> Increased Drinking | <input type="checkbox"/> Increased Urination | How Long? _____ |
| <input type="checkbox"/> Lumps/Tumors | <input type="checkbox"/> Skin Problems | How Long? _____ |
| <input type="checkbox"/> Eye Problems or Discharge | | How Long? _____ |
| <input type="checkbox"/> Redness, Itching, or Foul Odor from Ears | | How Long? _____ |
| <input type="checkbox"/> Bad Breath/Sore Gums/Difficulty Chewing | | How Long? _____ |
| <input type="checkbox"/> Decreased Awareness—Gets Confused/Lost | | How Long? _____ |
| <input type="checkbox"/> House Soiling | <input type="checkbox"/> Spraying/Marking | How Long? _____ |
| <input type="checkbox"/> Chewing/Itching | <input type="checkbox"/> Fleas | How Long? _____ |
| <input type="checkbox"/> Increased Irritability | <input type="checkbox"/> Aggression | How Long? _____ |
| <input type="checkbox"/> Increased Fear | <input type="checkbox"/> Anxiety | How Long? _____ |
| <input type="checkbox"/> Decreased Tolerance of Handling | | How Long? _____ |
| <input type="checkbox"/> Decreased Hearing or Selective Hearing | | How Long? _____ |
| <input type="checkbox"/> Repetitive Behaviors (ex: pacing/grooming/licking) | | How Long? _____ |
| <input type="checkbox"/> Decreased Grooming or Self-Care | | How Long? _____ |
| <input type="checkbox"/> Muscle Tremors | <input type="checkbox"/> Shaking | How Long? _____ |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Uncoordination | How Long? _____ |
| <input type="checkbox"/> Difficulty Climbing Stairs/Increased Stiffness | | How Long? _____ |
| <input type="checkbox"/> Decreased Activity—Sleeps More | | How Long? _____ |
| <input type="checkbox"/> Other Problems/Concerns (please explain) _____ | | |
| <input type="checkbox"/> Medications (please list) _____ | | |

Existing Medical Problems (please explain) _____

Are there any other concerns you would like to discuss with the doctor today?

Please bring any medical records that you may have with you on your first visit. Thank You!