

MetroPet Veterinary Clinic

298 N. Rocky River Drive | Berea, OH 44017 | Phone 440-826-1520 | Fax 440-826-1528

New Client Information (* indicates required fields)

Mr. Dr.
Mrs. Other
Ms.

*Last Name

*First Name

Spouse or other name associated with this account

*Address

*City

*State

*Zip

*Primary Phone

*Secondary Phone

*Work Phone Number

Email

Text (PetDesk)

Phone Call

*Email Address

*Please Circle: How would you prefer to receive reminders?

Payment in full is required at time of service. We accept Cash, Mastercard® , Visa® , American Express® , and Discover® . Payment plans can be arranged through CareCredit® (subject to credit approval).

We do not accept checks as a form of payment on first visits.

How did you hear about us?

Another client of our hospital, please name _____

Another hospital, business, or person _____

Internet search, please name _____

At an event- please let us know which event _____

In the community- one of our sponsorships or advertisements around town _____

Facebook or Twitter _____

Directory- yellow pages or another phone directory _____

Sign- our hospital sign or drive by our location _____

Our website- www.metropetvet.com _____

Other, please specify _____

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Owner Name: _____ Date: _____

Pet Medical Information (please complete one form per pet to the best of your knowledge)

Pet Name: _____

Species:

<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Ferret	<input type="checkbox"/> Rabbit	<input type="checkbox"/> Mouse	<input type="checkbox"/> Rat	<input type="checkbox"/> Other: _____
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Is this a family pet? Yes No, please explain _____

Breed: _____ Birth Date: _____

Sex: Male Female Neutered/Spayed?: Yes No Unknown

Color: _____ Markings: _____

Where did you get your pet from? _____

What types of food and treats do you feed your pet? _____

Do any of your pets have contact with other animals **outside** the home? Yes No

Is your pet on any medications, including supplements? No Yes, _____

Does your pet have any known medical conditions? No Yes, _____

Has your pet had any dental work, cleanings, or extractions? No Yes, _____

Does your pet have a microchip? No Yes

Does your pet have medical records we could request? No Yes

Animal Hospital _____ Doctor _____

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Current email address (this allows doctors to email you exam reports, lab results, etc):

In order to provide the best medical care possible and protect your family from diseases that can be passed from pets to people, please fill out the following questionnaire prior to your appointment.

Canine

My dog has been known to bite and may need to be muzzled

- My dog only stays in my yard, which is fenced in, and never goes elsewhere
- I have other dogs who go outside supervised unsupervised
- My dog walks and hikes in the Cleveland MetroParks
- I take my dog on camping trips. If so, where? _____
- My dog travels to other states, and on vacations. If so, where? _____
- I take my dog to a public dog park where he/she interacts with other dogs
- My dog goes to a grooming or boarding facility
- My dog has access to creeks, lakes, and bird baths
- My dog is a hunting dog and goes on field trials

Feline

- My cat has been known to bite and may need to be restrained
- The last time my cat was outside was _____
- I have other pets/cats that are indoor only, both indoor and outdoor. If so, what types? _____
- I take my cat on camping trips. If so, where? _____
- My cat travels to other states, and on vacations. If so, where? _____
- I take my cat to a public dog park where he/she interacts with other dogs
- My cat goes to a grooming or boarding facility
- My cat has access to creeks, lakes, and bird baths

Other

- I volunteer or work at an animal shelter/wildlife center/veterinary facility
- There are children in my home
- There are elderly people in my home
- I, or someone in my household undergo chemotherapy, have diabetes, or other immunosuppressive disease. I understand that by checking yes, my pet will be vaccinated against Leptospirosis due to the chance of human infection.

Financial Policy

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Thank you for choosing MetroPet 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. MetroPet Veterinary Clinic requires payment in full at the end of your pets examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, check, Mastercard® , Visa® , American Express® , and Discover®
- Convenient monthly payment plans from Care Credit®
 - Allow you to begin treatments today and pay over time
 - Available for any treatment amounts
 - Can be used repeatedly- for your entire family- without having to reapply!

For some treatments of hospitalized care, a deposit may be required. Healthcare plan require comprehensive care will require a 50% deposit to begin your pet's treatment.

Additional Policy Information:

MetroPet Veterinary Clinic charges a \$35 fee for returned checks, and a \$25 fee for missing your appointment, or cancellations within 24 hours of your scheduled appointment time. You will receive a confirmation for your appointments.

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 aforementioned terms of payment:

Client/Owner Signature:

Date

Client/Owner Name (please print)

Pet Name

Breed