

Welcome to East Central Veterinary Hospital
Please help us provide the best care for your pet by completing all information on this form.

New Client Information
Client ID # (staff only) _____

Today's Date ____ / ____ / ____

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Primary Phone: _____ (Home/Cell/Work)

Secondary Phone: _____ (Home/Cell/Work)

Email: _____ By providing your email, you can schedule appointments, refill medications, and more via PetSites

Additional Contact (Spouse/Other)

First Name: _____ Last Name: _____ Relation to Owner: _____

Primary Phone: _____ (Home/Cell/Work) Secondary Phone: _____ (Home/Cell/Work)

Authorized to treat pet? Yes _____ No _____ Initial Here _____

In case of EMERGENCY, please notify _____ Phone: _____

Please let us know how you heard of our practice!

____ AAHA ____ Yellow Pages ____ Internet ____ Sign ____ Referral ____ Other

If referral, whom can we thank? _____ If other, please describe: _____

Authorizations (Initial Below)

____ We may obtain records from a previous practice/owner/rescue

If so, where? _____

____ We may use your pet's picture for social media (Facebook, etc.)

____ We may send your pet's records/vaccination history to boarding facilities, training facilities, and daycare

Payment

Driver's License Number: _____ **(Required for identification purposes)**

For your convenience, we accept Mastercard, Visa, Discover, American Express, Cash or Check, as well as CareCredit.

I am the owner or agent for the owner and understand that all professional fees are due at the time services are rendered and agree to pay all charges incurred. My balance will be due at the time my pet is discharged from ECVH.

Signature _____ **Date** ____ / ____ / ____

Pet Information

Pet 1.

Name: _____ Species(cat, dog, etc.): _____

Breed: _____ Age/Birthday: _____

Color: _____ Male: _____ Female: _____ Spayed/Neutered? _____ Yes _____ No

How long have you had your pet? _____

Where did you obtain your pet (Friend, Breeder, Shelter, etc.)? _____

Is your pet indoor or outdoor? _____ Diet: _____

Has your pet had any previous vaccines? _____ Yes _____ No If so, when? _____

Is your pet on monthly heartworm/flea/tick medication? _____ Yes _____ No

Does your pet have a microchip? _____ Yes _____ No

Prior Illness: _____ Prior Surgery: _____

Please list current medications: _____

Pet 2.

Name: _____ Species(cat, dog, etc.): _____

Breed: _____ Age/Birthday: _____

Color: _____ Male: _____ Female: _____ Spayed/Neutered? _____ Yes _____ No

How long have you had your pet? _____

Where did you obtain your pet (Friend, Breeder, Shelter, etc.)? _____

Is your pet indoor or outdoor? _____ Diet: _____

Has your pet had any previous vaccines? _____ Yes _____ No If so, when? _____

Is your pet on monthly heartworm/flea/tick medication? _____ Yes _____ No

Does your pet have a microchip? _____ Yes _____ No

Prior Illness: _____ Prior Surgery: _____

Please list current medications: _____

Pet 3.

Name: _____ Species(cat, dog, etc.): _____

Breed: _____ Age/Birthday: _____

Color: _____ Male: _____ Female: _____ Spayed/Neutered? _____ Yes _____ No

How long have you had your pet? _____

Where did you obtain your pet (Friend, Breeder, Shelter, etc.)? _____

Is your pet indoor or outdoor? _____ Diet: _____

Has your pet had any previous vaccines? _____ Yes _____ No If so, when? _____

Is your pet on monthly heartworm/flea/tick medication? _____ Yes _____ No

Does your pet have a microchip? _____ Yes _____ No

Prior Illness: _____ Prior Surgery: _____

Please list current medications: _____

East Central Veterinary Hospital

5301 E. Central | Wichita, KS 67208 | 316-686-7418

Financial Policy

Thank you for choosing East Central Veterinary Hospital. 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.

Payment Options:

- Cash --- includes money orders and personal checks.
- Visa, MasterCard, Discover, American Express
- CareCredit®* (Subject to Credit Approval) --- convenient monthly payment plans from Care Credit offers:
 - Flexible financing payment plans
 - No annual fees or prepayment penalties
 - Quick application process in the office or online from home at www.carecredit.com

We are happy to provide you the above options to allow you to make convenient, low monthly payments. With CareCredit we can begin your pet's treatment immediately for any unplanned, emergency, or ongoing veterinary care. For more information, please review the enclosed brochure, call our office or visit www.CareCredit.com.

Deposits & Billing

For some treatments or hospitalized care, a deposit is required. For healthcare plans requiring comprehensive care of more than \$1000, a 50% deposit will be required to begin your pet's treatment. **East Central Veterinary Hospital requires payment in full at the end of your pet's examination or at the time of discharge.** For balances that remain unpaid, you will be assessed a \$5 monthly billing charge, and 1.5% interest on all outstanding balances older than 30 days. After 60 days, East Central Veterinary Hospital will relinquish your balance owed for collections.

Additional Information

Returned checks are automatically sent to Federal Payments, LLC. A \$30 recovery fee will be automatically deducted from your bank account, along with the original amount.

For clients with pet insurance, we are happy to provide you with the necessary documentation in order for you to submit a claim to your insurance carrier for reimbursement.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed