

MARION VETERINARY HOSPITAL

Visa • MasterCard • Discover • American Express • Care Credit
(Sorry, but we do not accept checks as a form of payment)

OWNER INFORMATION

Please note: Government-issued picture identification will be requested to verify identity for establishing an account.

Mr/Mrs/Ms/Dr First Name _____ Last _____ Initial _____

Address: _____ City, State: _____ Zip: _____

Cell () _____ Home () _____ Work () _____ ext _____

E-Mail address: _____

Employer: _____

Secondary Contact:

Mr/Mrs/Dr First Name _____ Last _____ Relationship _____

Cell () _____ Home () _____ Work () _____ ext _____

Please indicate how you heard of us: MVH Website Marquee Phone Book AAHA

Friend _____ Other _____

Are you or your spouse: Military Veteran Police Firefighter

PATIENT(S) INFORMATION:

Pet's Name: _____ Dog Cat

Breed: _____ Color: _____ Date of Birth: _____

Female Spayed Male Neutered (please estimate if unknown)

Is your pet the *best* pet in the whole world? Yes No Is your pet microchipped? Yes No

I authorize the veterinarian(s) to examine, prescribe for, or treat the pet(s) listed above. I assume responsibility for all charges incurred in the care of this/these animals(s). I understand every reasonable effort will be made to provide for successful treatment; however, due to the nature of some conditions, no guarantee can be made of a successful outcome. I understand charges are to be paid at the time of services and a deposit may be required prior to treatment. I understand that any pictures taken of my pets are property of MVH, LLC, and can be used at the company's discretion. I agree to pay interest charges of 18% APR (1.5% per month) for any balance over 30 days past due. Should collection efforts become necessary, I further agree to pay the reasonable costs incurred in the process of collections. I also agree to pay a non-sufficient funds (NSF) fee of \$25.00 or the maximum allowed by state law for any returned check, and this fee along with full check payment may be electronically withdrawn from my bank account.

X _____
Signature of Owner of Financially Responsible Party

Date

Comprehensive Patient Medical History Form

Visa • MasterCard • Discover • American Express • Care Credit

Name of Pet:	Yes	No
Are your pet's vaccinations up to date?		
Has your pet ever had a reaction to vaccines?		
Was there a heartworm test in the last year?		
Is your pet taking a heartworm prevention Rx?		
Was your pet tested for worms in the last 6 months?		
Have you seen your pet passing any worms?		
Does your pet ever strain to urinate?		
Does your pet eat table scraps?		
Does your pet travel with you?		
Has your pet had any of the following?		
Illness/injury in the last year		
Seizures		
Vomiting: When/how often		
Diarrhea: When/how often		
Constipation: When/how often		
Scotting		
Coughing		
Sneezing		
Gagging		
Restlessness		
Weakness		
Lameness Indicate which leg: RF LF RR LR		
Stiffness		
Scratching: Where		
Head shaking		
Hair loss: Where		
Unusual lumps or bumps		
Bad breath		
Unusual discharge		
Behavioral changes		
Have you noticed any increase or decrease of the following?		
Appetite		
Drinking		
Urination		

Please indicate the vaccines your **DOG** is current on:

Rabies YES NO **DHLPP** YES NO **Bordetella** YES NO
Lyme YES NO **Parvovirus** YES NO

Please indicate the vaccines your **CAT** is current on:

Rabies YES NO **FVRCP** YES NO **Feline Leukemia** YES NO

Does your cat live:

Indoors only Outdoors only Indoors & Outdoors

Reason for visit today? _____

Please list who has treated your pet in the past.

Veterinarian: _____

Phone: _____

Pet's diet? _____

Health problems or behavioral issues? _____

What medications is your pet taking? _____

Is your pet allergic to any food or medication? YES NO

Brand of flea and tick prevention? _____

Brand of heart worm prevention? _____

Anything else you would like us to know? _____

While uncommon, adverse reactions to vaccines, injections and medications can occur. Typical symptoms include swelling, itching and vomiting; however, in rare cases, collapse, seizures and death can occur. We encourage you to discuss any concerns you have regarding administering vaccines, injections or medications to your pet with one of our doctors.

I hereby authorize the hospital to prescribe for and treat the conditions presented on this form and requested in the future for my pet. The hospital and staff will not be held liable for any problems that develop provided that a reasonable standard of care is provided. Further, I agree to pay fees in full for services rendered when pet is discharged from the hospital's care unless prior arrangements have been agreed upon by both parties.

X _____

Signature

Date