



Winter Park Veterinary Hospital

55 YEARS A Compassionate Commitment to Quality Pet Care

NEW CLIENT & PATIENT INFORMATION

Thank you for giving us the opportunity to care for your pets. So that we may become better acquainted, please complete the following:

Client Information Last Name : _____ First Name : _____ Middle Initial : _____
 Address : _____ Unit Number : _____ City : _____ State : _____ Zip : _____
 Home Phone : _____ Cell Phone : _____ * E-Mail : _____
 Employer : _____ Work Phone : _____
 Best time to reach you : _____ Would you like us to call you at work? Yes No If necessary

* E-mail is required for important hospital communication and will never be sold or distributed to outside sources.

Spouse or Significant Other : Last Name : _____ First Name : _____ Middle Initial : _____
 Address : _____ Unit Number : _____ City : _____ State : _____ Zip : _____
 Home Phone : _____ Cell Phone : _____ E-Mail : _____
 Employer : _____ Work Phone : _____
 Best time to reach you : _____ Would you like us to call you at work? Yes No If necessary

How did you become aware of our hospital? Drove by Yellow Pages Chamber of Internet (please circle)
online / print Commerce
 I was a previous client of WPVH Personal recommendation _____
Please note which client so that we may thank them for the referral.
 Other veterinarian : _____ Pet store _____
Please note which veterinarian so that we may thank them for the referral. Please note which pet store so that we may thank them for the referral.
 AngiesList Facebook
 Perks Card Google
 Dex Knows Yelp
 Bing

Patient Information Pet Name : _____ Nickname : _____
 Species : Canine Feline Avian Small Mammal Reptile Other _____
 Breed : _____ Color : _____
 Birth Date : _____ Sex : Male Female Spayed Neutered Undetermined

Payment is expected at the time services are rendered. All charges must be paid in full prior to discharge. We accept cash, American Express, Discover, MasterCard, VISA, and debit cards. There is a \$25.00 returned check fee & collection will be actively pursued.

We encourage you to ask our receptionists about the cost of general services as well as to review & discuss with your doctor the estimate for your pet's treatment plan, so that you have time to make any necessary financial arrangements and ask questions. You can further discuss any potential risks & benefits of procedures. No medicine is an exact science & thus no guarantee of successful treatment can be made.

WPVH is committed to providing comprehensive, excellent veterinary services for your pet. We understand, at times, it may be necessary to discuss alternate forms of treatment. We are happy to help you explore these alternatives in order to arrive at the best plan for your family & pet.

A deposit of 50% of maximum estimated total for surgery, dental, extensive treatment, hospitalization and/or 1st time boarding is required at the time your pet is admitted. Please keep your copy of estimates. Remaining balance is due prior to discharge. Estimates are honored for 30 days.

Fee estimates are approximations of expected medical costs & can vary significantly. We will attempt to contact you regarding significant change in treatment/fees as they occur. It is essential you leave us with phone numbers where you can be contacted quickly.

We strongly suggest you ask daily about current charges during your pet's hospitalization in that they can change, & at times, increase significantly, based on the medical status of your pet. This is especially important prior to your pet's discharge appointment so that you can have any questions you might have answered.

We are happy to reschedule your pet's appointment/dental/surgery with a minimum of a 24-hour notice. Without this notice, it is necessary to charge a cancellation fee of \$30 to \$50, since doctor & technician time & specific surgical equipment are reserved exclusively for your pet. This also applies to boarding reservations.

X
 I have read and agree to the financial requirements & terms detailed above for all animals I bring to WPVH. Date _____ WPVH Staff _____

We always welcome new patients and will be happy to serve your family and friends.

1601 Lee Road Winter Park, FL 32789

Phone : (407) 644-2676 Fax : (407) 644-1312