

New Client/Patient Packet and Check List



Thank you for choosing Hyde Park Veterinary Clinic! We are looking forward to meeting you and your pet(s) at your upcoming appointment. In order to expedite the new patient process, we ask that you complete the attached documents and obtain your pet's medical records (including the most recent vaccinations). Once you have completed and signed the documents, please send the documents and your pet's medical records to us **at least 24 hours prior to your appointment.** Here are some options for sending these documents to us: you may e-mail them to us as an attachment or a photo to info@hydeparkvet.com or you may fax them to us at 813-448-1288. Please use the checklist below to ensure you have submitted all of the required documents for your appointment. If you have any questions please call us at 813-259-9698. Thank you again for choosing Hyde Park Veterinary Clinic for your veterinary needs!

Checklist

- Full medical records
- New Client Form
- Financial Policy
- Low Stress Handling Agreement
- Photo Release Form
- New Client Additional Pet(s) – *optional*

NEW CLIENT FORM



Date: _____

How did you hear about us:

Drive by Animal Shelter/Pet Rescue Internet Other

Personal referral by: _____

OWNER INFORMATION:

Name: _____ Cellular Phone: _____
DL #: _____
Address: _____ Home Phone: _____
_____ Work Phone: _____
City: _____ State: _____ Zip: _____ E-Mail: _____

Which phone number is your primary voice contact? (Please circle one)
Home Cellular Work

In order to be more environmentally friendly, we email your pet's reminders and appointment confirmations. We respect your privacy and will not distribute your email address to any other party.

CO - OWNER INFORMATION:

Name: _____ Cellular Phone: _____

PET INFORMATION:

Cat Dog Other: _____ Sex: Male Female
Pet's Name: _____ Spayed/Neutered Yes No
Breed: _____ Date of Birth: _____
Micro-chipped? _____ Color of Pet: _____

PRIOR VETERINARY CLINIC INFORMATION:

Veterinary Clinic Name: _____
City: _____ State: _____ Prior Vet Phone: _____

Payment is due when services are rendered

Hyde Park Veterinary Clinic

1111 W Swann Ave | Tampa, FL 33606 | Phone 813-259-9698 | Fax 813-448-1288

Financial Policy

Thank you for choosing Hyde Park 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. Hyde Park Veterinary Clinic **requires payment in full** at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa[®], MasterCard[®] or Discover Card[®], American Express[®]
- Convenient Monthly Payment Plans* from CareCredit[®]
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

Additional Policy Information:

Hyde Park Veterinary Clinic charges \$15 for returned checks. In the event that your payment does not process, a monthly billing charge of \$5.00 and a monthly financing charge of 1.5% of the balance due. 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 foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

*Subject to credit approval

Low Stress Handling at Hyde Park Veterinary Clinic

The doctors and the staff at Hyde Park Veterinary Clinic are dedicated to the philosophy and practice of Low Stress Handling for pet patients. Our clinic has recently become certified as a Low Stress Handling Veterinary Practice and we are excited to share our knowledge with you. Low Stress Handling significantly benefits pets and pet parents by ensuring a much more pleasant experience during vet visits. It also ensures a safer working environment for our veterinary staff. Low Stress Handling works best when the pet owners and the veterinary staff work together. The following hospital policies have been developed to ensure that both you and your pet remain safe and as stress-free as possible while in our care.

We use treats at our clinic to help make your pet's visit more enjoyable. There is strong research evidence to support that counter-conditioning with yummy treats during veterinary visits helps to decrease anxiety and stress in pet patients. During visits, our staff will offer treats to pet dogs such as peanut butter, soft meaty treats and cheese. For cats we offer yummy canned cat food or tuna. If your pet has a favorite treat or has special dietary requirements, please feel free to bring your own yummy treats to your appointment. Also, in order to make sure your pet is interested in the treats we offer, we ask that you please bring your pet in for its appointment with an appetite (do not feed a meal right before a visit).

Our waiting room is designed to be comfortable and to provide a safe place for your pet while you are waiting for your appointment to begin. In an effort to keep all animals and owners safe, it is paramount that all dogs that enter the clinic be on a non-retractable leash. Our staff will provide you with a temporary leash for your dog if necessary. All cat patients must be in a carrier at all times. Our staff can provide you with a cat carrier if needed.

One of the most important parts of Low Stress Handling is using positive reinforcement methods to accomplish our tasks. As such, any prong collars and shock collars must be removed when your pet is in the clinic. These collars, unfortunately, can also cause unnecessary risks to our doctors and staff when they are handling your pet. We are happy to provide you with an alternative collar and leash for your visit.

If your pet is unhappy being in close quarters around other animals or humans, we ask that you call us from your car when you arrive to the clinic. One of our staff members will gladly meet you outside and walk you into the clinic through a private entrance. This will ensure that your pet avoids any interactions with other animals or people that may cause him or her to become overly anxious.

A very common diagnostic test we run in our hospital is an intestinal parasite exam which requires a fecal sample from your pet. If this test is recommended for your pet, you will be asked to bring in a sample. Although collecting a sample through the use of a special method is safe, it is uncomfortable for your pet. It is our goal to avoid causing any discomfort to our patients whenever possible.

We are also a Cat Friendly Practice accredited through the American Association of Feline Practitioners. This means we take extra steps to make our clinic a calm and peaceful place for our feline patients, such as using Feliway Diffusers in cat areas of the hospital and using special cat friendly handling techniques. COMING SOON** We are in the process of expanding our clinic and over the next few months we will be offering a designated cat waiting room and separate entrance to our clinic for our feline patients. We are excited to be able to offer this added benefit to make vet visits less stressful for our feline patients.

Signature: _____

Date: _____

Photo Release Form

I grant to Hyde Park Veterinary Clinic, its representatives and employees the right to take photographs of my pet, and to use and publish the same in print and/or electronically. I agree that Hyde Park Veterinary Clinic may use such photographs of my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and Web content.

_____ The above may take photos of my pet.

_____ The above may **NOT** take photos of my pet.

Signature: _____

Date: _____

NEW CLIENT FORM – ADDITIONAL PETS



Client Name: _____

SECOND PET INFORMATION:

Cat Dog Other: _____ Sex: Male Female
Pet's Name: _____ Spayed/Neutered Yes No
Breed: _____ Date of Birth: _____
Date of last vaccines: _____ Color of Pet: _____
Prior Veterinary Clinic Name: _____
City: _____ State: _____ Prior Vet Phone: _____

THIRD PET INFORMATION:

Cat Dog Other: _____ Sex: Male Female
Pet's Name: _____ Spayed/Neutered Yes No
Breed: _____ Date of Birth: _____
Date of last vaccines: _____ Color of Pet: _____
Prior Veterinary Clinic Name: _____
City: _____ State: _____ Prior Vet Phone: _____

FOURTH PET INFORMATION:

Cat Dog Other: _____ Sex: Male Female
Pet's Name: _____ Spayed/Neutered Yes No
Breed: _____ Date of Birth: _____
Date of last vaccines: _____ Color of Pet: _____
Prior Veterinary Clinic Name: _____
City: _____ State: _____ Prior Vet Phone: _____