Centre Animal Hospital

Congratulations on adding a new pet to your family! Thank you for your continued trust in our care at Centre Animal Hospital. We look forward to meeting your new fur friend.

The following reminders will help you and your new pet have a great visit with us:

1. **For our clients' and patients' safety, we require** all dogs to be properly restrained by collar with a leash or carrier, and cats to be properly restrained in a carrier in the waiting room.

2. **When you enter, please take your dogs to the right and cats to the left.**. We have separate exam rooms for dogs and for cats for your pet's comfort. Additionally, please bring any medical records pertaining to your new pet with you to your first appointment.

3. **Please bring along a fresh stool specimen from your pet** for your new pet's first visit. By allowing us to check a fresh stool specimen we can treat any intestinal worms that may affect your pet's health and avoid them being transferred to the humans in your home as well.

4. **Please do not feed your pet for 4-6 hours before your visit.** Our veterinarians and staff members are "Fear Free Certified" and we practice Fear Free techniques. This includes liberally using treats at our hospital to decrease your pet's fear and anxiety and to help them relax while they are being cared for and examined.

5. **Please submit your new pet's records and this paperwork 2 days before your visit if possible.**

6. **If you have never done so, please visit our website at centreanimalhospital.com** and explore all we offer. **Under Client Resources, click on Mobile PetPage App from your mobile device to download our app.** You can request appointments or refills, ask questions via email, and keep all your pet's information in one handy place!

Thank you for continuing to patronize Centre Animal Hospital. We look forward to meeting your new pet. Please call us at 814-238-5100 if we may be of further service.

Warm Regards,
Dr. Renee Calvert, DVM and Dr. Debra Smart, DVM
Owners and Hospital Directors

Jotform Form link: https://form.jotform.com/211343947997066

Centre Animal Hospital
New Patient Information Form

Please update the contact information if anything has changed since your last visit. Then proceed to complete information about your new pet.

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____Spouse's Work Phone _____

Cell Phone _____ Email Address _____

Place of Employment _____ Spouse's Place of Employment _____

Best time to reach you during the day _____

Patient Information	**Pet #1**	**Pet #2**	**Pet #3**
Name			
Breed			
Date of Birth			
Color			
Sex: (circle)	☐ Female ☐ Male ☐ Spayed ☐ Neutered	☐ Female ☐ Male ☐ Spayed ☐ Neutered	☐ Female ☐ Male ☐ Spayed ☐ Neutered
Last Heartworm Prevention			
Previous Veterinarian Information — Name			
Hospital Phone			

Our pet is: ☐ Member of Family ☐ Child's Pet Backyard Pet ☐

Any previous illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

_____
Signature of Owner or Agent

Centre Animal Hospital
New Patient Records Release

If your new pet has any records from a rescue, breeder, or former owner, we would like to receive your pet's records so that our veterinarians can prepare for your first visit, except for first puppy/kitten visits.

If you have any records, please provide us with a complete copy (complete medical records, not just your invoices showing services completed or your client notes). Please email, fax, mail or drop them by our hospital.

Most veterinary practices will not release records without the owner's permission for privacy reasons, so please call your veterinarian and ask them to send records to us. They may email or fax them:

Email: supportstaff@centreanimalhospital.com

Fax: 814-238-5157

Name of Previous Veterinary Hospital: _____

Phone Number: _____

FINANCIAL POLICY

Thank you for choosing Centre Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of this mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Centre Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of the discharge.

Payment Options:
You may choose from:

-Cash, Check, Visa®, MasterCard®, or Discover Card®
-Convenient Monthly Payment Plans* from CareCredit® which will;

- Allow you to begin treatment today and pay over time
- Available for any treatment amount*
- Can be used repeatedly –for your entire family-without having to reapply*

Additional Policy Information:

Centre Animal Hospital charges $25 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

New clients who fail to appear for their scheduled appointment or who cancel with less than 24 hours' notice will be asked to pay a New Patient Exam deposit in advance before an appointment may be rescheduled. For ultrasounds and other specialty tests or appointments, the deposit will be determined by the doctor.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available to your pet.

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

_____

Client/Owner Signature Date

_____

Client/Owner Name (Please Print) Date

*Subject to credit approval

Release of Information for Media or Website Publication

Client's Name _____ Pet's Name(s) _____

After an explanation of its intended use, I authorize the staff at this veterinary practice to release photographs, videotape images, or other images to use with the following media entities:

Centre Animal Hospital website
Facebook
Instagram
Print or online advertising
Twitter

I understand that this information may be used on print media, on a brochure or on the website of this veterinary practice and/or social media for public education and interaction purposes and agree to its use in that manner.

I, the undersigned, am interested in educating and sharing with the public photos of my pet(s) and authorize this veterinary practice or institution's faculty, clinicians, employees, students, and/or agents to use such materials for this purpose. I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information.

_____
Signature of Owner or Authorized Agent

_____
Date

QUESTIONNAIRE: Preparing for Your Pet's Visit to Our Hospital

1. How would you describe your pet's reaction to going to the veterinary hospital? (Circle)

☐ Eager and excited ☐ Subdued ☐ Reluctant ☐ Has never been Do not know

2. Are there things you are concerned your pet may not like, based on your at-home observation? (Circle)

☐ Being weighed ☐ Getting on the exam table ☐ Having a procedure done

☐ Being handled by staff ☐ Walking into or through the hospital

Anything else? _____

3. How would you describe your pet around other animals and people?

_____

4. Does your pet prefer men or women,, or doesn't it matter? _____

5. What are your pet's favorite treats? _____
(We'd love it if you'd bring some along to your appointment!)

6. What are your pet's favorite toys? _____
(Feel free to bring along your pet's favorite toys.)

A successful Fear Free visit begins at home. It continues during your travel to our hospital.

Below are a few questions regarding travel: (Circle)

1. How and where does your pet travel in the car?
☐ Carrier ☐ Seatbelt ☐ Loose ☐ Front seat ☐ Back seat ☐ Interior cargo area ☐ Truck bed
2. Does your pet show any reluctance getting in the carrier or car? ☐ Yes ☐ No Have not tried it ☐
3. How does your pet behave in the car? (Circle)
☐ Quiet and well-behaved ☐ Barking ☐ Whining ☐ Howling ☐ Meowing ☐ Other vocalizing
☐ Pacing ☐ Panting ☐ Trembling ☐ Hiding ☐ Peeing ☐ Pooping ☐ Don't know yet
4. Any nausea, drooling or vomiting? (Circle) ☐ Yes ☐ No Don't know ☐