



10909 Indian Head Highway ■ Fort Washington, MD 20744
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New Client Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete ALL of the following information.

CLIENT INFORMATION

Date _____

Name _____ Spouse's (Co-owner's) Name _____

Address _____

City _____ State _____ Zip _____ Phone# _____

Cell # _____ Work# _____ Other # _____

E-Mail Address _____

Occupation _____

How did you become aware of our Hospital?

Previous client Web Page Yellow Pages Flyer Medical Referral Other: _____

Personal Recommendation (*Whom may we thank?*) _____

PET INFORMATION

	PET #1	PET #2
Pet's Name		
Breed		
Color		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spayed or Neutered?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth or Age		
Does pet have a Microchip	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, #	If yes, #
Any vaccine history available?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any previous serious illnesses or surgeries?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any allergies to vaccines or medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is your pet on any special diets or medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Over please →

Payment Policy

Effective as of March, 2011

It has always been our policy to expect payment in full at the time of services. We understand that emergencies arise and that billing is sometimes necessary. Billing is a courtesy we provide for our established clients in a time of need. Our accounts receivable, incidence of nonpayment, and late payment are very costly to the hospital. Rather than raise fees for our services, we have decided to institute the following payment policies.

First Time Clients:

- For all first time clients, payment must be made in full at the time of completion of services.
- In the event that your pet requires admission to the hospital, a minimum deposit of 50% of the estimate is required in the form of cash or credit card at the time of admission.
- Clients who have not been seen in our office within 5 years may be considered "new" clients for billing purposes.

Established Clients:

- Any and all arrangements for credit must be made in advance of service through our reception staff.
- We provide care when we see a medical necessity; if you have financial concerns related to this care, **it is your responsibility to make these concerns known.**
- In the event that your pet requires admission to the hospital, a minimum deposit of 50% of the estimate is required in the form of cash or credit card at the time of admission
- All clients requesting credit, (i.e. not paying their bill in full at the time of service) must apply to **CareCredit**. If unable to obtain credit through **CareCredit** (must show evidence) the client must then sign a credit agreement with the Hospital.
- All clients must provide proof of identity (driver's license or valid photo ID), be at least 18 years of age, and be named on the account in order to receive credit.
- For Credit Agreements the initial payment is 50% of your total balance.
- Monthly payments are required, and the Credit Agreement must be paid in full within 6 months.
- Payments must be received by the stated day of each month.
- Should you find yourself unable to make the agreed payment; according to your agreement, you must contact us to make payment arrangements at least 5 days prior to the due date. If your agreement needs to be modified, you must fill out and sign a new credit agreement.
- All accounts requiring use of an outside third party agency (i.e. attorney or collection agency) to collect payment will incur fees equal to those incurred by our hospital.
- When in default of payment or agreements and third party collection is necessary, service will be denied until payment in full (cash or credit card) is received, and future credit requests will be denied.
- All payment concerns and agreements are to be dealt with and arranged by the reception staff and/or office manager.

Estimates:

- Estimates of charges for expected medical and/or surgical treatments will be supplied at your request.
- We will do our best to provide accurate estimates; however, keep in mind that an estimate is just that. It is impossible to anticipate the exact final charges.

Our priority is, and always has been, to provide the highest quality care for your pets while keeping our prices as reasonable as possible. Many of you are long term clients with excellent payment histories. We want to be able to continue to provide this service for you whenever it is necessary. In order to do so, we must not only have this policy, but also enforce it without exception.

The owners, veterinarians and staff thank you for your understanding and cooperation.

Signature: _____

Date: _____