

Welcome To Our Clinic!

Dr. John Nowery



PET MEDICAL CENTER
of Westerville

153 S Sunbury Rd, Westerville OH 43081
614.882.7700, Fax 614.882.6521
www.PMCwesterville.com

Today's Date _____

Owner's name _____ Co-owner's name _____

Street Address _____ City _____ State ____ Zip _____

Main Phone _____ Work Phone _____ Co-owner's Phone _____

E-mail Address _____

Preferred method of contact: phone e-mail postal mail fax _____

Best phone number to reach you between 9am & 6pm? _____

EMERGENCY contact (if we cannot reach you or co-owner) _____

Pet Name _____ DOB _____ Breed _____ F M Spayed/Neutered

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How did you hear about our clinic? (Please circle one)

- **Personal Referral:** Family Friend Neighbor OR **Professional Referral:** Shelter Groomer Trainer Kennel
- **If referred by any of the above, whom shall we thank?** _____
- Phone Book (Please circle one): AT&T, Haines Directory, Northeast, Other: _____
- Internet Search (Please circle one): Bing, Google, Yahoo, YPPages.com, PMC Website, Angie's List, Other: _____
- Events (Please circle one): 4th Friday Health Fair Other: _____
- Other: _____

Prompt payment assures maintenance of a well equipped and well-stocked pet hospital for the high level of quality care we want to provide your pet. Therefore, the following payment policy is mandatory.

ALL ROUTINE SERVICES, PRESCRIPTIONS, AND PRODUCTS MUST BE PAID WHEN THE TREATMENT IS PERFORMED OR PET DISCHARGED. We accept cash, personal checks, Visa/MasterCard, Discover and Care Credit. In case of emergency hospitalization, deposit arrangements must be made with the receptionist. On your request, we will provide you with a written estimate of fees before care is provided. A \$30.00 service charge will be assessed on all returned checks.

Signed: _____

Date: _____



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PATIENT INFORMATION

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Thank you for choosing our clinic for your pet's healthcare needs. We have designed this patient information form in order to provide your pet with the best possible preventative care. Please take a moment to provide us with this information, as it is an important part of your pet's wellness examination.

What kind of food do you feed your pet? _____

What kind of treats do you give? _____

Has your pet had any prior illnesses, surgeries or health concerns (such as allergies, arthritis, heartworms, SEIZURES or vaccine reactions) If yes, please list below:

Are any of the following a concern for you at this time? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Panting | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Increase in water intake | <input type="checkbox"/> Frequent Vomiting |
| <input type="checkbox"/> Housetraining/not using litterbox | <input type="checkbox"/> Lumps/Bumps | <input type="checkbox"/> Lethargy |
| <input type="checkbox"/> Licking/scratching | <input type="checkbox"/> Changes in vision or hearing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Difficulty with stairs/getting up | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Other _____ |

- | | | |
|---|-----|----|
| Does your pet ever come into contact with children? | YES | NO |
| Does your pet travel with you out of state? | YES | NO |
| Will you ever need to board your pet? | YES | NO |
| Does your pet spend long periods of time alone during the day? | YES | NO |
| Are you aware of the life extending benefits of keeping your pet's weight under control? | YES | NO |
| Are you aware that providing proper dental care could extend your pet's life by 2 to 4 years? | YES | NO |
| Is your pet on a home dental care program? | YES | NO |
| Is your pet on a monthly program to control heartworms and intestinal parasites? | YES | NO |
| Is your pet on a monthly program to control fleas and ticks? | YES | NO |
| Does your pet have a permanent form of identification such as a microchip? | YES | NO |
| Do you have veterinary pet insurance? | YES | NO |
| Does your pet spend any time around meadows, wooded areas, ponds or lakes? | YES | NO |

Remarks: _____