



White Oaks Veterinary Hospital

755 Lebanon Road
Manheim, PA 17545
(717)665-2338

Thank you for choosing White Oaks Veterinary Hospital. We are glad to see you! Our primary mission is to deliver the best and most comprehensive veterinary care available. Please take a few minutes to provide us with some information about yourself and your pets.

Primary account owner – this is the person who will bring your pet(s) to us the most _____

Address _____

City _____ State _____ Zip _____

BEST phone number _____ Alternate phone number _____

BEST e-mail address (used for appointment & service reminders) _____

Secondary owner (shares in medical decisions & financial responsibility for any pet in this account) _____

Secondary owner's BEST phone number _____

(#1) **Pet's Name** _____

(#2) **Pet's Name** _____

(#3) **Pet's Name** _____

Breed _____

Breed _____

Breed _____

Birthdate _____ Color _____

Birthdate _____ Color _____

Birthdate _____ Color _____

Sex _____ Neutered? Yes No

Sex _____ Neutered? Yes No

Sex _____ Neutered? Yes No

Previous Vet: _____

Previous Vet: _____

Previous Vet: _____

Pertinent Medical History _____

Pertinent Medical History _____

Pertinent Medical History _____

How did you find out about our hospital?

- I was referred by _____.
- I saw your building and sign.
- I got your information from the phone book.
white pages or yellow pages?
- I found you on an internet search.
- I found you on social media.

Why did you decide to come to our hospital?

- Based on the recommendation of a friend/relative.
- The hospital is close to my home.
- I spoke with a staff member that was friendly,
knowledgeable and courteous.
- Your hours are convenient for my schedule.
- The hospital is easy to get to and nice once you're here.
- I was able to get an appointment easily.

Please see reverse side for White Oaks Veterinary Hospital Policies



Financial Policy

Welcome to White Oaks Veterinary Hospital. We're so glad to see you. An important part of our mission is making the cost of optimal care as manageable for our clients as possible by offering the following payment options:

*Cash/check

*Visa/Mastercard/Discover

*CareCredit

White Oaks Veterinary Hospital requires payment at the time that services are rendered. If you have any questions, please do not hesitate to ask. We are here to provide you with the best veterinary care available.

White Oaks Veterinary Hospital reserves the right to refuse further services to any account with an outstanding balance.

Appointment No-Show Policy

When clients forget to cancel an appointment or cancel with very little notice, we miss the opportunity to fill that appointment time. All scheduled appointments receive reminders by email, text, and/or phone call, depending on the contact method(s) provided to us by the client.

For a first time "no-show", the client will receive a copy of our Appointment No-Show Policy and an alert will appear in the account.

A second "no-show" will result in a flagged account, which requires a \$65 prepayment (non-refundable deposit) to schedule any further appointments*. The deposit will be applied toward services provided at the kept appointment. This appointment may be rescheduled once, preferably within 24 hours of the scheduled appointment. If the prepaid appointment results in a "no show", the deposit is forfeited to mitigate lost revenue for the hospital. Appointments that are rescheduled within 2 hours of the appointment will also forfeit the deposit. Consequently, a new \$65 prepayment (non-refundable deposit) must be collected to schedule another appointment.

We reserve the right to end the client-practice relationship with any client at any time. In this event, we will send a digital medical record for all active patients on the client's account.

I have read, understand, and agree to the White Oaks Veterinary Hospital financial and appointment no-show policy.

Signature

Date