Winchester Veterinary Group
95 Cross Street
Winchester, MA 01890
(781) 721-0707

Client Information

Owner Name 1: _____

Owner Name 2: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers

Primary: _____ Cell ☐ Secondary: _____ Cell ☐

Additional numbers: _____ Cell ☐

Email Address: _____

Email reminders ☐ Postcard reminders ☐

Emergency Contact (Name, Phone #):

_____

Patient Information

Pet's Name: _____

Date of Birth/Age: _____ Dog ☐ Cat ☐ Breed: _____

Sex: M ☐ Neutered ☐ OR F ☐ Spayed ☐ Color/Markings: _____

Pet's Current Medication (if any): _____

_____

Known Allergies (foods, vaccines, or medications): _____

Previous Veterinarian: _____

May we request previous medical records? Yes ☐ or No ☐

How did you find us: Location ☐ Internet Search ☐ Website or Facebook ☐ Other ☐

Personal Recommendation/Referral: _____

Authorization

I hereby authorize the veterinarian(s) at Winchester Veterinary Group to examine, treat, and prescribe for this pet and agree to assume financial responsibility for all charges incurred in the care of this animal. I understand that charges incurred in the treatment of my pet will be paid in full at the time of service. I also understand that an estimate of fees for services may be provided at my request, and that I am encouraged to discuss all fees prior to services being rendered.

I have read, understand, and agree to the above information.

Signature of Responsible Party (Must be 18 yrs. or older):

_____ **Date:** _____

-OVER-

- All admission, treatment, and surgical forms must be signed (or verbally authorized by dual witness) by persons 18 years of age or older. Client initials _____

- In an effort to preserve the integrity of high-quality veterinary care, and meet the legal requirements of the Commonwealth of Massachusetts, all patients must have had a wellness exam within the past 12 months and be up-to-date on their rabies vaccine (unless exempted by attending clinician) to be eligible for prescription medication refills, prescription diet refills, and technician appointments. At the discretion of the attending clinician, more frequent examinations and/or lab work may be required depending on the medical condition and the best interest of the patient. Client initials _____

- Payment is due at the time of service by cash, check, credit card, or ScratchPay (our third-party financing option). Accounts past due over 30 days will be notified by mail and have finance charges assessed on the balance of the account. Accounts past due over 90 days will be notified by mail and possibly sent to collections if a good faith effort has not been made to pay the outstanding balance. Client initials _____

- Our ability to remain on time for scheduled appointments depends on you. If you are running late for a scheduled appointment, please call the office at 781-721-0707 and we will try to accommodate you. In the event that accommodations cannot be made, you may be asked to wait or reschedule your appointment so as not to inconvenience other clients.
  Client initials _____

- Failure to show for a confirmed appointment without notice will be recorded (extenuating circumstances excluded). Two or more missed appointments in a calendar year may result in a no-show fee of $50 for doctor appointments and $25 for technician appointments. An ongoing pattern of missed appointments may result in denial of (or decreased access to) services.
  Client initials _____

- We make every effort to keep appointments on time, but it is sometimes necessary for us to accommodate emergencies or urgent care appointments. We will make all attempts to call or keep you informed about possible significant appointment delays to minimize inconvenience to you. Client initials _____

- Although we hope never to have to act on the following policy it must be stated: We have a zero-tolerance policy regarding verbal or physical abuse of our staff. Minor incidents may result in a verbal or written warning depending on the circumstance. Major incidents may result in denial of services, involvement of the appropriate authorities, and legal action as determined by our management team. Client initials _____