Morris Veterinary Clinic

1610 Sheridan Drive • Lancaster, Ohio 43130 • 740 653-4084 • 740 654-1114

Robert L. Guinan, DVM ● John Hartig, DVM ● Teresa Hartig, DVM

Allison Murray-Bowman, DVM ● Melissa Leonard, DVM

Welcome

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

Information

Client Name_____ Account # assigned_____

Address_____ City_____ Zip_____

Home Phone_____ Cell Phone_____ OK to text?_____

Emergency Contact Name_____ Phone_____

For check writing privileges, please provide your driver's license number with a date of birth

_____

Would you prefer to be contacted by mail or email for reminders? **Please Circle:**

Mail Email_____

How did you become aware of our clinic? **Please Circle:**

Yellow Pages Sign Web Site Recommendation Facebook Other

If recommended, whom may we thank?_____

Pet Information

1) Pet Name_____ Birthday/Age_____

Please Circle: Dog Cat Other

Breed_____ Color_____

Please Circle: Male Neutered Female Spayed

Is your pet primarily **Please Circle:** Indoor Outdoor Indoor/Outdoor

Does your pet have any prior medical conditions or concerns, if so please explain_____

_____

_____

_____

Where did you obtain your pet from? (Location)_____

Does your pet travel, if so where?_____

Pet Information

2) Pet Name_____ Birthday/Age_____

Please Circle: Dog Cat Other

Breed_____ Color_____

Please Circle: Male Neutered Female Spayed

Is your pet primarily **Please Circle:** Indoor Outdoor Indoor/Outdoor

Does your pet have any prior medical conditions or concerns, if so please explain_____

_____

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_____

Where did you obtain your pet from? (Location)_____

Does your pet travel, if so where?_____

Pet Information

3) Pet Name_____ Birthday/Age_____

Please Circle: Dog Cat Other

Breed_____ Color_____

Please Circle: Male Neutered Female Spayed

Is your pet primarily **Please Circle:** Indoor Outdoor Indoor/Outdoor

Does your pet have any prior medical conditions or concerns, if so please explain_____

_____

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_____

Where did you obtain your pet from? (Location)_____

Does your pet travel, if so where?_____

Please submit your pet's records to the receptionist

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment, inpatient services or hospitalization.

Please indicate by circling how account will be paid: Cash Check Visa MasterCard Discover Care Credit

Signature_____

Financial Policy

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

Payment Options:

You can choose from:

Cash, Check, Visa, MasterCard or Discover Card

Care Credit – subject to credit approval.

Some treatments or hospitalized care will require a 50% deposit to begin your pet's treatment.

Additional Policy Information:

Morris Veterinary Clinic charges $30 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.

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

By signing below, you agree to these terms of payment:

Signature_____