



**New Client Registration**

Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Additional Owner: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Approved Methods of Contact (check all that apply): ( ) Home ( ) Cell Phone ( ) Work ( ) Email ( ) Text Message

Primary contact phone number (check one): ( ) Home ( ) Cell Phone ( ) Work

Driver's License Number: State: \_\_\_\_\_ #: \_\_\_\_\_

**New Patient Registration**

Patients Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Species: Canine/ Feline / Other

Sex: M or F Spayed\_\_ Neutered\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Precautions to be aware of with your pet? \_\_\_\_\_ Current on rabies? Yes / No

Primary Care Veterinarian's Name: \_\_\_\_\_

Primary Care Practice Name: \_\_\_\_\_

Should my pet become unstable while under the care of SCAN and require cardiopulmonary resuscitation (CPR), including cardiac compression, defibrillation, positive pressure respiration, emergency drugs, or other emergency interventions, **I request or decline** such medical intervention as indicated below.

**A. \_\_\_\_\_ REQUEST FOR CPR.**

Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of \$500.00 to pay for the services performed while staff members pursue treatment and try to reach me for further directions.

**B. \_\_\_\_\_ DECLINE CPR  
DO NOT RESUSCITATE MY PET**


We thank you for allowing us this opportunity to care for your pet. In order to provide the highest standard of care for our patients, we require that all fees are due at the time of service. For your convenience, Specialists in Companion Animal Neurology accepts the following forms of payment: cash, personal check, credit card (Visa, MC, Discover, AMEX) and Care Credit. A service charge of \$40.00 will be incurred for any returned check. We routinely provide written estimates for all hospitalized patients and your medical care team will discuss that estimate with you prior to admission.

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Client Signature

Date



 I would be happy to have SCAN share photos of my pet & the progress made here at the hospital on their website(s) and general social media. We will gladly send you a notification if we use your photo so you can share it with friends & family.

**Initial:** \_\_\_\_\_

### **How did you hear about us?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Primary Veterinarian | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Website              | <input type="checkbox"/> Social Media  | <input type="checkbox"/> Other: _____  |

## **Payment Policy**

Welcome to Specialists in Companion Animal Neurology (SCAN) and thank you for choosing us as your veterinary neurology/neurosurgery care provider. Please feel free to contact our staff regarding the policies described below.

To avoid any misunderstanding, please read, initial, and sign this payment policy before your pet's treatment.

- 1. Payment at time of service:** Payment is due in full at the time services are rendered. SCAN accepts Cash, Check, Visa, MasterCard, Discover, and American Express; but does not offer any payment plans.  
**Initial:** \_\_\_\_\_
- 2. Deposits:** A security deposit will be required (80% of the estimate). The remainder of the invoice will be due upon patient discharge from the hospital.  
**Initial:** \_\_\_\_\_
- 3. Estimates:** Estimates include items that are likely to be required in the care and hospitalization of your pet. Please understand that the estimate is an estimate only, and the final cost may vary from the estimate provided. Our staff will make every effort to inform you of ongoing costs; however, it is your responsibility to ask a staff member for daily updates on your invoice.  
**Initial:** \_\_\_\_\_
- 4. Alternative Finance Plans:** SCAN has partnered with Care Credit for alternative payment solution for our clients. SCAN is in no way affiliated with Care Credit; if you choose to utilize this plan, the financial relationship will be between you and the lender, not SCAN.  
**Initial:** \_\_\_\_\_
- 5. Pet Insurance:** SCAN helps initiate necessary forms with your pet insurance provider; however, because clients are reimbursed for their pet's charges directly by their insurance company, SCAN does not get involved in insurance billing. Clients are responsible for paying the normal deposit (see deposit requirements above) prior to service and paying the bill in full upon discharge, as well as submitting their own pet's claim. The insurance company will be responsible for reimbursement to you directly per your pet's insurance agreement.  
**Initial:** \_\_\_\_\_
- 6. Non-payment of Services:** Please note that if payment is not received in full at the time of discharge, your account will be subject to legal action.  
**Initial:** \_\_\_\_\_

I, the undersigned, am presenting my pet for veterinary services at Specialists in Companion Animal Neurology and understand the policies as described above.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



# Welcome to Specialists in Companion Animal Neurology!

In order to better serve you, please take a moment to briefly tell us about your pet.

**\*If your pet is on medications, we ask that you please bring all medications to your appointment.\***

<b><u>Pet Name:</u></b>	<b><u>D.O.B.:</u></b>	<b><u>Sex:</u></b>	<b><u>Breed:</u></b>	<b><u>Species:</u></b>

## **What brings you in to see the Neurologist?**

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## **Pertinent Medical History (please include dates):**

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## **Current Medications and Supplements:**

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