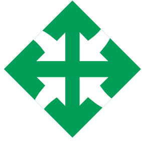


Metropolitan Veterinary Hospital

1053 S. Cleveland-Massillon Rd.
Akron, OH 44321-1689
Phone: 330.666.2976
Fax: 330.666.0519
www.metropolitanvet.com

Welcome to Ohio Veterinary Surgery and Neurology, located at Metropolitan Veterinary Hospital. Thank you for choosing our hospital and allowing us to care for your pet's needs. Because we appreciate and share your concern for your pet, it is our goal to alleviate any uneasiness by keeping you well informed of your pet's condition throughout their stay in our hospital.

You will receive a call from us every morning when your pet is in the hospital. We perform rounds (examine all of our patients, and discuss their condition as a group) first thing in the morning and then we will call you between 9:00 -10:00 am with an update. You will also receive a call every evening so that you know how they did throughout the day.

While your pet is in the hospital, you will receive a phone call immediately following your pet's procedure to let you know their status and the outcome of the procedure or surgery. Because we are part of an emergency hospital, there are times when other pets may need immediate surgical attention, which may lead to a schedule change. But, be assured we will call you as soon as your pet is recovering from the procedure.

Visits are encouraged if you think your pet will appreciate them! Visiting hours are 10:00 am to 7:00 pm. Please ask a staff member for more details.

Metropolitan Veterinary Hospital is open and fully staffed twenty-four hours a day. A large team of doctors and technicians care for your pet around the clock. The surgery and neurology service is generally in the hospital from 8:00 am to 5:30 pm Monday through Friday and 8 am until noon on Saturdays.

When your pet is ready to go home, we ask that you pick up your pet while the surgical service is still in the hospital, typically between the hours of 10:00 am to 5:00 pm Monday through Friday, and 10:00 am to noon on Saturday.

When your pet goes home, one of our staff will review your written instructions, medications, and answer any questions that you may have.

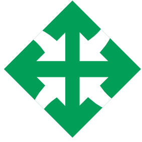
After your pet is home: If you have any questions or concerns, please call! If your call is after hours, just leave a voicemail, and we'll get right back to you the next business day. If your call is of an urgent nature after hours, call the hospital, and inform the emergency service of your concerns.

Thank you again for entrusting us to take care of your important family member. We will do everything possible to make your pet's stay with us comfortable. Please let us know how we can be of any further assistance to you. And don't forget, we love pictures, cards, stories and letters! Please let us know how your pet is doing! For more information, visit www.metropolitanvet.com.

Sincerely,

All the doctors and staff of Ohio Veterinary Surgery and Neurology

Direct Phone: 330-670-2358
E-mail: surgery@metropolitanvet.com



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OHIO VETERINARY SURGERY AND NEUROLOGY, LLC.
FINANCIAL POLICY

Thank you for bringing your pet to Ohio Veterinary Surgery and Neurology, LLC. and entrusting the care of your pet to us. We strive to communicate openly with our clients regarding finances. Please take a moment to read over the financial policies of the practice and sign the form at the bottom.

- ***The initial consultation fee is approximately $143.00 Dr. Padgett, Dr. Daye and Dr. Collins.*** The breakdown of this fee is as follows: a hospital exam room fee of $51.00, $20.00 hospital fee for the medical record set up, and the doctor fee of $71.10. ***Any diagnostic or therapeutic procedures will be done at an additional cost.***

- Recommended procedures and diagnostics will be discussed with you after the initial exam is performed and a written estimate will be provided for you.

- If your pet is hospitalized, a deposit of one-half of the written estimate will be required at the time of admit. This deposit will be applied to your total bill when your pet is released. ***The balance will be due when your pet leaves the hospital.***

- ***The estimate given is for the surgical visit only. While there is no charge for suture removal, all other rechecks and procedures will incur an additional cost.***

All charges are due at the time of presentation - the hospital does no billing.

We accept Visa, Mastercard, Discover, American Express, Care Credit, cash and personal checks (You must provide appropriate identification and check approval must be received through Telecheck check guarantee systems).

I have read and understand the above policies and agree to the procedures and financial arrangements set forth in this policy.

_________________________   _____ / _____ / _____
Owner/Agent Signature   Date

Revised 3/18

OHIO VETERINARY SURGERY AND NEUROLOGY, LLC.

Sheldon Padgett, DVM, MS, DACVS Small Animal
R. Mark Daye, DVM, MS, DACVS Small Animal
Josh Collins, DVM, DACVS, Small Animal
Todd W. Axlund, DVM, MS, DACVIM (Neurology)
BrieAnne Mauser, DVM, DACVIM (Neurology)

Client Information:

Name: ______________________________________ **Home Phone:** _________________
Spouse: _____________________________________ **Work Phone:** _________________
Address: ____________________________________ **Cell Phone:** __________________
City/State/Zip: _______________________________ **Other:** ____________________
Place of Employment: ___________________________ **Drivers License #:** _____________
Email Address: _________________________________

Patient Information:

Pet Name: _____________________________________ **Breed:** _______________________
Sex: Male / Female **Spayed / Neutered Age/Birthdate:** ________________

- HOW LONG HAVE YOU OWNED YOUR PET? ____
- DIET: CANNED / DRY / SEMI-MOIST / TABLE FOOD **BRAND NAME**: _______________
- DATE OF LAST VACCINATIONS: ____
- HAS YOUR PET TRAVELED OUT OF STATE?: Y / N WHERE: _________________________
- IS YOUR PET INDOOR / OUTDOOR / BOTH ?
- ATTITUDE: GENTLE / MUZZLE / AGGRESSIVE / PREFER MEN / PREFER WOMEN

DESCRIBE ANY CHANGES AND DURATION IN THE FOLLOWING CATEGORIES (IF APPLICABLE)

APPETITE:____ DURATION: _________
WATER INTAKE:____ DURATION: _________
WEIGHT: ____ DURATION: _________
URINATIONS:____ DURATION: _________
BOWEL HABITS: ____ DURATION: _________
VOMITING:____ DURATION: _________
COUGHING: ____ DURATION: _________
SNEEZING: ____ DURATION: _________
SEIZURES: ____ DURATION: _________
TUMORS/SWELLING:____ DURATION: _________
OTHER: ____ DURATION: _________

ORTHOPEDIC PROBLEMS (IF APPLICABLE)

LIMPING OR LAMENESS? Y / N DESCRIBE: ____
____

WHEN DID YOU FIRST NOTICE THE PROBLEM?____
____

WAS TRAUMA ASSOCIATED WITH THE PROBLEM: Y / N DESCRIBE: ___________________________
____

DOES THE LIMPING BECOME WORSE AFTER EXERCISE OR REST (PLEASE CIRCLE ONE) DESCRIBE:
____

CURRENT MEDICAL PROBLEMS/MEDICATIONS: ____
____

PREVIOUS MEDICAL PROBLEMS/MEDICATIONS: ____
____

REFERRING VETERINARIAN NAME & CLINIC: ____
REFERRING VETERINARIAN PHONE NUMBER: ____

DID YOUR REGULAR VETERINARIAN GIVE YOU ANY INFORMATION FOR US TO REVIEW?
REFERRAL LETTER & SUMMARY X-RAYS TEST RESULTS