

### Neurology New Patient Packet

**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 5:00 pm Monday through Friday.

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

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](http://www.metropolitanvet.com).

Sincerely,

All the doctors and staff of Ohio Veterinary Surgery and Neurology

**Direct Phone:** 330-670-2358

**E-mail:** [neurology@metropolitanvet.com](mailto:neurology@metropolitanvet.com)

Thank you for bringing your pet to the Neurology Service at Metropolitan Veterinary Hospital 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 for the Neurology Department is approximately \$190.00. The breakdown of this fee is as follows: a hospital exam room fee of \$51.00, \$22.00 hospital fee for the medical record set up, and the doctor fee of \$113.52. **Any diagnostic or therapeutic procedures will be done at an additional cost.**
- Emergency work-in appointments may incur an additional consult fee of approximately \$72.00 if we are fully booked with appointments at the time of admission, or we see the appointment outside of normal receiving hours.
- Recommended procedures and diagnostics will be discussed with you after the initial exam is performed and a written estimate will be provided.
- If your pet is hospitalized, a deposit of one-half of the written estimate will be required at the time of admission. 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 initial neuro 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 – Hospital policy does not allow 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

## Neurology Telephone and Electronic (email) Communications Policy

We are concerned about the welfare of our patients and want to be sure we are always providing the care our patients need and deserve. We also firmly believe that care of our patients with complex conditions cannot be provided from a distance without the examination of the patient by a veterinarian.

The Neurology Service at Metropolitan does not support or provide ongoing management of our patients by telephone or other electronic means of communication. Any decisions made regarding our patients care will require direct examination by a veterinary professional. An examination is the only way to make an informed decision of a patient's immediate medical needs. **Please do not call or email the hospital expecting the Neurology Service to be able to make management decisions over the phone without examining your pet.**

If you have any questions regarding the ongoing care of your pet, you have the following options:

1. Call the Neurology Service at Metropolitan and schedule an appointment to have your pet evaluated. The Service has daily recheck appointments available, and we will do our best to accommodate same day overbook appointments for established patients that need acute care.
2. The Emergency Service is always open at Metropolitan and can be used in situations when the Neurology Service is not immediately available (due to active management of other patients, etc).
3. Have your pet evaluated by either your veterinarian or another veterinary professional, and have that person contact the Neurology Service. Our doctors will be happy to review the case with the doctor and provide advice as needed.



\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

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: \_\_\_\_\_  
AS 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