

# METROPOLITAN VETERINARY HOSPITAL – AKRON VETERINARY INTERNAL MEDICINE / ONCOLOGY

1053 S. CLEVELAND-MASSILLON ROAD, COPLEY, OH 44321

DIRECT: 330) 670-2351

FAX: 330) 670-2375

RANCE M. GAMBLIN, DVM, DIPLOMATE ACVIM (ONCOLOGY)  
GREG W. CHAMBERS, DVM, DIPLOMATE ACVIM (SMALL ANIMAL INTERNAL MEDICINE)  
VANESSA H. DOLLO, DVM, DIPLOMATE ACVIM (SMALL ANIMAL INTERNAL MEDICINE)  
JULIE A. STANTON, DVM, DIPLOMATE ACVIM (SMALL ANIMAL INTERNAL MEDICINE)  
SARAH A. PERDION, DVM, PRACTICE LIMITED TO INTERNAL MEDICINE  
PATRICIA L. THALHOFER, DVM, PRACTICE LIMITED TO INTERNAL MEDICINE

## Akron Veterinary Internal Medicine / Oncology Practice – New Client Information

You recently scheduled an appointment for your pet with the Akron Veterinary Internal Medicine/Oncology Practice for \_\_\_\_\_.

Enclosed you will find a New Client Packet. This packet consists of our practice policies, a client information form, and a history form regarding your pet's health. **Please complete these forms prior to the appointment and bring them with you on the day of your scheduled appointment, arriving 15 minutes early** to ensure adequate time for entry of this information into your pet's medical record. Also, please review the financial/consent form enclosed, which you will be asked to sign on the day of the appointment (via electronic signature when you check in).

If you have not already done so, please take a moment to contact your regular veterinarian to inform them that you have a scheduled appointment with our practice. At this time, please request they fax a referral form, along with all recent diagnostics and medical history from the past two years on your pet to 330-670-2375. **If radiographs have been taken, please bring a copy of them with you to your appointment.** It is also important to bring all your pet's medications and supplements to their first appointment.

\*\*Please be advised that while the best attempt will be made to perform all diagnostics the same day as the consultation, anesthetic procedures (endoscopy, CT scan, airway exams, etc) and some labwork may require a second visit for completion. Average appointment time for the initial consultation is approximately 60-90 minutes, with additional time requirements to be determined based on the diagnostics recommended; some tests and procedures may require your pet to be here for the entire day.

In order for the doctor to successfully assess your pet, it is important that you **withhold food for 12 hours prior to your appointment (water is OK)**, as feeding may prevent further diagnostics or procedures from being performed. If your pet is referred for a colonoscopy, please be aware that your initial appointment will be for consultation only, as a prolonged fast and additional medications are frequently necessary to perform this procedure. Additionally, **if your pet is a diabetic, please feed and administer insulin on their normal schedule.**

We require a minimum of 48 hours notice for cancellations or to reschedule any appointment. If you are unable to keep the above appointment, please contact us at 330-670-2351. Any cancellations or to reschedule any appointments without appropriate notice will be subject to a \$50.00 fee. Also, if you are going to be late for your appointment, please call us- arrival more than 10 minutes past your scheduled appointment time may result in rescheduling. Please call us if you have any questions or concerns.

Sincerely,

Kristen M.  
Holly F.  
Alisha M.  
Kara K.

Reception Staff

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Akron Veterinary Internal Medicine Practice (AVIMP) operates out of Metropolitan Veterinary Hospital (MVH) and offers specialty care to pets with internal medicine or cancer diagnoses. Metropolitan Veterinary Hospital is a 24 hour central hospital for Northeastern Ohio and surrounding areas. In the event of an emergency, hospital services are available to you and your pet around the clock.

### **Appointments**

Appointments may be scheduled Monday through Friday from 8:00am to 5:00pm and on Saturday from 8:00am to 1:00pm. This allows us to accommodate your schedule as best as possible. Please schedule your recheck appointments at least 10-14 days in advance. Additionally, we request scheduling your recheck appointment with the doctor that originally treated your pet. In the event 2 appointments are canceled without proper notice a \$50.00 deposit will be asked for by the receptionist when making the next appointment. This deposit will be lost if that appointment is cancelled.

### **Phone Calls**

For continuity of care, we request that you call with progress reports and other non-urgent calls during the practice business hours Monday through Friday 8:00am to 5:30pm. Your doctor or his/her technician will return your call at their earliest opportunity. If you have a question or concern that cannot wait until your doctor returns to the office during his/her business hours, your call will be directed to the "on-call" doctor. Emergent calls placed after-hours or on the weekend will be directed to the Emergency Department.

### **Visiting Hours**

Visiting hours are from 1:00pm to 7:00pm Monday through Sunday. Unless otherwise arranged, the doctor may not be available to discuss the case with you while you are visiting. Please refrain from touching other animals while visiting. This is for your safety and to prevent the spread of infectious diseases. In-room visits are limited to 30 minutes once a day. If your pet is hospitalized in the ICU, your visit will be limited to 5-10 minutes once a day. This allows the ICU staff can continue providing treatment to critical patients.

### **Food and Medications**

We encourage you to bring your pet's food and medication. This may reduce the cost of medications while hospitalized and allows for verification of dosages. We will be happy to fill or call in prescriptions for your pet during business hours Monday through Friday. Please contact us a minimum of three business days in advance for refills of your pet's medication. A \$15 fee will be assessed in the event that you require a refill after business hours or on weekends.

### **Personal Items**

An identification collar will be placed on your pet upon admission – please take his/her leash and collar (or travel carrier, if applicable) with you. We request that you do not leave personal items (blankets, clothing, toys, etc.) with your pet. The hospital will provide appropriate bedding during your pet's stay. We cannot ensure that personal items will not be lost or damaged in the laundry.

### **Patient Updates**

Hospital rounds for doctors and technical staff occur from 9:00am to 9:30am every morning to assess the progress of your pet. After rounds, a veterinary technician will provide you with a medical update between 10:00am and 12:00pm. He/she will let you know how your pet did overnight and discuss planned treatments and diagnostics. Your doctor will call with a medical update each evening. Calls may be made as late as 8 or 9 pm to ensure that our doctors are able to provide the best possible treatment to our patients. We realize that it is difficult to wait for information regarding your pet. Rest assured that "no news is good news" and that you will be contacted immediately in the event of an emergency or change in medical status requiring significant decisions. Communication is greatly simplified and expedited by the designation of one contact person.

### **Discharges**

When your pet has been cleared for discharge, a veterinary technician or receptionist will contact you to schedule a release time. This is an appointment to pick up your pet. As such, this time is designated for your doctor to review your pet's discharge instructions and medications, and to answer questions that you may have. In the event that you are unable to arrive during business hours, your pet's doctor may discuss the discharge instructions with you over the phone and your pet will be released to you by the emergency staff.

### **Pending Results**

We will call you with test results and recommendations as they become available. Please note that repeated calls to check on results create delays and prevents the staff from focusing on patient care. A veterinary technician will contact you if your pet's results are normal or indicate minor abnormalities. If questions or concerns remain after speaking with the technician, your doctor will follow up with you at his/her next available opportunity.

**Metropolitan Veterinary Hospital**  
**The Akron Veterinary Internal Medicine/Oncology Practice (AVIMP)**

Rance M. Gamblin, DVM, Diplomate ACVIM (Oncology)  
Sarah A. Perdion, DVM, Practice Limited to Internal Medicine  
Greg W. Chambers, DVM, Diplomate ACVIM (Small Animal)  
Patricia L. Thalhoffer, DVM, Practice Limited to Internal Medicine  
Vanessa Dollo, DVM, Practice Limited to Internal Medicine  
Julie Stanton, DVM, Diplomate ACVIM (Small Animal)

1053 S. Cleveland Massillon Rd.  
Akron Ohio 44321

330-666-2976- Hospital number  
330-670-2351- AVIMP direct practice number  
330-670-2375-AVIMP direct fax number

Directions to Metro

FROM THE NORTH

Take 77 South to exit #133 (Ridgewood and Miller Rd. exit). Turn right onto Ridgewood. Follow Ridgewood Rd. to the first stop light. Turn left onto Cleveland-Massillon Rd. Metro is the first driveway on the left. (1053 South Cleveland-Massillon Rd).

FROM THE SOUTH (AKRON-CANTON)

Take 77 North to exit #135 (Cleveland-Massillon Rd.) Make a left turn and follow Cleveland-Massillon Rd south about ½ mile. Metro is on the left just past the Ridgewood Rd. traffic light.

FROM THE EAST (YOUNGSTOWN, KENT, RAVENNA, & PA)

Take 76 West to 77 North. Stay on 77 North to exit 135 (Cleveland-Massillon Rd). Make a left turn on Cleveland-Massillon Rd. and follow for approximately ½ mile. Metro is on the left side just past the Ridgewood Rd. light.

FROM MASSILLON

Take 21 North to Rt. 162 (Copley Rd) exit. Make a right turn onto Copley Rd. and follow to the Copley Circle. At the traffic light turn left onto Cleveland-Massillon Rd. and follow for approximately 1 mile. Metro is on the right side just before Ridgewood Rd.

FROM WEST CLEVELAND (TURNPIKE)

Take Akron exit, I-77 South to exit #133 Ridgewood and Miller Rd. Make a right turn onto Ridgewood and follow to Cleveland-Massillon Rd. Turn left and we will be the first driveway on the left.

FROM I-90 TO 271

Take I-90 to 77 South to Akron. Exit at #133 (Ridgewood and Miller Rd). Make a right turn onto Ridgewood and follow to Cleveland-Massillon Rd. Turn left and we are the first driveway on the left.

FROM THE WEST

Take 224 to 76 East. Follow to Rt. 21 North. Exit at Rt. 162 (Copley Rd). Turn right and follow Copley Rd to the Copley Circle. At the traffic light turn left onto Cleveland-Massillon Rd and follow approximately 1 mile. Metro is on the right just before Ridgewood Rd.

FROM STRONGSVILLE

Take I-71 South to Rt. 18 East to Cleveland-Massillon Rd. Turn right onto Cleveland-Massillon Rd. go approximately 3 miles and we will be on the left just past Ridgewood Rd.

FROM ASHLAND/MANSFIELD

Take 71 North to 76 East to Rt 21 North (exit 162) Follow 162 to Cleveland-Massillon Rd and turn right. We are less than 1 mile on the right hand side.

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**Financial Information:**

I assume all financial responsibility for **full payment of the bill** at the time that my pet is released. An estimate of cost will be provided during the initial consultation **prior to any treatment and/or diagnostics testing**. I may be asked to leave a deposit if my pet is hospitalized overnight for further treatment.

**Consent Information:**

I do hereby authorize the Akron Veterinary Internal Medicine/ Oncology Practice and Metropolitan Veterinary Hospital and its veterinarians and their assistants to treat my pet in the manner that is considered to be necessary based on their clinical and diagnostic findings. I authorize the administration of necessary treatments, anesthesia, surgery and/or the execution on necessary diagnostic tests and understand that there are certain risks with anesthetics, any medication and testing procedures.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

**PATIENT INFORMATION:**

How long have you owned your pet? \_\_\_\_\_; Is your pet a rescue? Yes No

Is your pet indoor/outdoor or both? \_\_\_\_\_

Up to date on vaccinations? Yes No Date of Last Vaccination: \_\_\_\_\_

Does your pet have a history of fleas/ticks? Yes No If yes, when? \_\_\_\_\_

Is your pet on flea/tick prevention? Yes No If yes, what brand? \_\_\_\_\_

Has your pet traveled out of state? Yes No Where/When? \_\_\_\_\_

Are there any other pets in your household? Yes No Describe: \_\_\_\_\_

Diet (check all that apply): Can Dry Semi-Moist Table Food Brand Name: \_\_\_\_\_

Animal Attitude (check all that apply): Gentle Requires Muzzle Aggressive Prefers Men Prefers Women

Current Medical Problems (ie. Why did you bring your pet for evaluation?): \_\_\_\_\_

How long has your pet been sick? \_\_\_\_\_

When did your pet last eat? \_\_\_\_\_ AM or PM

Have any of the following changes been observed in your pet?:

Appetite: Yes No Increased Decreased Describe: \_\_\_\_\_

Water Intake: Yes No Increased Decreased Describe: \_\_\_\_\_

Weight: Yes No Increased Decreased Describe: \_\_\_\_\_

Urinations Yes No Increased Decreased Describe: \_\_\_\_\_

*Check if applicable:* Straining? Blood in Urine? Unusual Odor? Vaginal Discharge?

Bowel Habits: Yes No Increased Decreased Describe: \_\_\_\_\_

*Check if applicable:* Straining? Diarrhea? Tar Colored? Fresh Blood? Mucus?

Vomiting: Yes No Increased Decreased Describe: \_\_\_\_\_

Coughing: Yes No Increased Decreased Describe: \_\_\_\_\_

Sneezing: Yes No Increased Decreased Describe: \_\_\_\_\_

Seizures: Yes No Increased Decreased Describe: \_\_\_\_\_

Skin Changes: Yes No Increased Decreased Describe: \_\_\_\_\_

Change in Walking: Yes No Wobbly Arthritis Describe: \_\_\_\_\_

Tumors/Swellings: Yes No Location: \_\_\_\_\_ Describe: \_\_\_\_\_

Any recent trauma/injury? \_\_\_\_\_

Current Medications: \_\_\_\_\_

Past Medical Problems (include surgery, trauma, medical conditions, kidney failure, heart failure, etc.)

Has your pet ever had a blood transfusion: Yes No Unknown If yes, when? \_\_\_\_\_

Did your regular veterinarian give you any information for the doctor to review? Yes No

→ If yes, check all that apply: Referral letter and summary X-Rays Copies of test results

**METROPOLITAN VETERINARY HOSPITAL**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CLIENT INFORMATION (Please fill out all blanks applicable):**

Have you ever been here before? YES NO If yes, when: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Previous Doctor(s) seen here: \_\_\_\_\_

Name of person presenting pet: \_\_\_\_\_ Relationship to owner: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ SPOUSE/CO-OWNER: \_\_\_\_\_

Address: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

BEST phone number#:(\_\_\_\_) \_\_\_\_\_ cell home work BEST phone number#:(\_\_\_\_) \_\_\_\_\_ cell home work

2nd phone number#:(\_\_\_\_) \_\_\_\_\_ cell home work 2nd phone number#:(\_\_\_\_) \_\_\_\_\_ cell home work

3rd phone number#:(\_\_\_\_) \_\_\_\_\_ cell home work 3rd phone number#:(\_\_\_\_) \_\_\_\_\_ cell home work

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

**PET INFORMATION:**

PET NAME: \_\_\_\_\_

SPECIES (check one): Canine Feline Other: \_\_\_\_\_

Breed: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SEX (check one): Male Female Intact Altered

COLOR/MARKINGS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ANY KNOWN ALLERGIES: \_\_\_\_\_

MEDICATIONS CURRENTLY TAKING: \_\_\_\_\_

DATE OF LAST RABIES VACCINATION: \_\_\_\_\_

ATTITUDE: (check any that apply) MUZZLE / AGGRESSIVE / DOG AGGRESSIVE / PREFERRED MEN / PREFERRED WOMEN

**REGULAR VETERINARIAN:**

DOCTOR LAST NAME & PRACTICE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

CLINIC/DOCTOR THAT REFERRED YOU (if different than above): \_\_\_\_\_