

Memo

To: ALL CLIENTS OF THE NORTH EAST OHIO INTERNAL MEDICINE ASSOCIATES (NEOIM)

From: DR. LYNN TURNER

Re: PROTOCOL

Metropolitan Veterinary Hospital is a 24-hour central hospital for Northeastern Ohio. Hospital services are available in the event of an emergency.

In order to better serve you and your pet, we request the following calls be made during office hours:

Tuesday – Friday; 10:30 AM – 4 PM

- 1.) Prescription refills: We will be happy to fill or call-in prescriptions for your pet during regular business hours. **We prefer 1-2 business days notice on medication refills.** Please be careful to maintain a small supply of medication so that your prescription can be filled before your supply is exhausted. For your convenience please follow this protocol to ensure your pet doesn't have an unnecessary lapse in medication.
- 2.) Progress reports: Please call with updates on your pet during regular business hours.

****If you are experiencing an emergency situation with your pet, please feel free to contact the hospital. While there are personnel on duty 24 hours a day, it is imperative that the night and weekend staff be available to handle emergencies, and to monitor hospitalized cases. Non-urgent issues calls are best addressed during the regular business hours.**

Northeast Ohio Internal Medicine Staff

J. Lynn Turner, DVM, MS, Diplomate, American College of Veterinary Medicine

Michele Shultz, Registered Veterinary Technician

NORTHEAST OHIO INTERNAL MEDICINE ASSOCIATES

Date: _____ Time: _____

Client Information (Please fill out all blanks applicable):

Have you ever been to this clinic before? YES NO If yes, when: _____ Pet Name: _____

Person presenting pet to the emergency service: _____ Relationship to owner: _____

OWNER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME TEL NUMBER: _____

WORK TEL NUMBER: _____

CELL PHONE NUMBER: _____

PAGER NUMBER: _____

EMERGENCY NUMBER: _____

OCCUPATION: _____ EMPLOYER: _____

DRIVERS LICENSE NUMBER: _____ SOCIAL SECURITY NO: _____

EMAIL ADDRESS: _____

Pet Information:

PET NAME: _____

SPECIES (**circle one**): Canine or Feline Other: _____ Breed: _____

AGE: _____ BIRTH DATE: _____ SEX (**circle one**): Male or Female / Male-Neutered or Female-Spayed

COLOR/MARKINGS: _____ WEIGHT: _____

ANY KNOWN ALLERGIES: _____

Regular Veterinarian:

NAME: _____

PRACTICE: _____

LOCATION: _____

TELEPHONE: _____

FAX: _____

**NORTHEAST OHIO INTERNAL MEDICINE
DR. TURNER
PATIENT REGISTRATION FORM**

Directions: To aid the doctor in reaching an accurate diagnosis, a complete background on your pet is essential. Please fill out the following questionnaire to the best of your ability.

- What are your pet's primary symptoms? _____
 How long have you owned your pet? _____
 Where was your pet obtained? _____
 Is your pet primarily out-of-doors or in the house? _____
 Is your pet allowed to roam free? _____
 Has your pet been boarded or hospitalized recently? _____
 If yes, when and for what problem? _____
 Are there other pets in your household? _____
 If yes, what? _____
 What do you feed your pet? _____
 How much & how often do you feed your pet? _____
 Is your pet ever fed table food? _____
 Has your pet been treated for any major medical problems? _____
 If yes, when and for what problem? _____

 Is your pet spayed or neutered? If yes, when? _____
 If female and not spayed, when was the last heat cycle? _____
 Is your pet currently taking any medications to prevent heartworm disease? If yes, what kind & during what months of the year? _____
 When was the date of your pet's last heartworm test? _____
 Has your pet traveled out of state? If so, list states. _____

VACCINATION HISTORY: When was your pet vaccinated against:

DOG (Canine)	Month / Year	CAT (Feline)	Month / Year
Distemper/hepatitis/leptospirosis	____ / ____	Panleukopenia (feline distemper)	____ / ____
Rabies	____ / ____	Rabies	____ / ____
Parvovirus	____ / ____	Rhinotrachetitis/Calicivirus (resp. viruses)	____ / ____
Other	____ / ____	Other	____ / ____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING THE ANSWER:

Has your pet's appetite changed?	NO	INCREASED	DECREASED	UNKNOWN
Has your pet's weight changed recently?	NO	INCREASED	DECREASED	UNKNOWN
Has your pet lost any stamina lately?		YES	NO	UNKNOWN
Is your pet drinking more water than usual?		YES	NO	UNKNOWN
Is your pet urinating more frequently than normal?		YES	NO	UNKNOWN
Has your pet been straining to urinate?		YES	NO	UNKNOWN
Has your pet had blood in the urine?		YES	NO	UNKNOWN
Has your pet vomited frequently?		YES	NO	UNKNOWN
Have there been any recent changes to your pet's bowel movements? (i.e. frequency, amount, color, straining) Describe:		YES	NO	UNKNOWN
Has your pet been scratching?		YES	NO	UNKNOWN
Has your pet had any seizures or convulsions?		YES	NO	UNKNOWN
Has your pet had any changes in attitude or behavior?		YES	NO	UNKNOWN
Has there been any change in your pet's walking?		YES	NO	UNKNOWN
Have you noticed any abnormal swelling on your pet? If yes, where?		YES	NO	UNKNOWN
If female, has your pet had any abnormal vaginal discharge?		YES	NO	UNKNOWN
Has your pet had unusual/unexpected reactions to medications?		YES	NO	UNKNOWN
Has your pet had any discharge from the eyes or nose?		YES	NO	UNKNOWN
Has your pet had any coughing or breathing difficulty?		YES	NO	UNKNOWN

Your pet has been referred to the Internal Medicine practice of Dr. Lynn Turner. Please take a moment to read over the policies of the practice and sign the form at the bottom.

1. The initial consultation fee for Dr. Turner is \$98.00 and a technician fee of \$15.00. Other fees incurred at the time of initial presentation of your pet are the charges of Metropolitan Veterinary Hospital. These include a hospital exam room fee of \$57.00 and a \$24.00 fee for the initial setup costs for the medical record. Total fees for the initial visit will be \$194.00
2. Recommended procedures and diagnostics will be discussed with you at the initial consultation and a written estimate will be provided.
3. Any additional procedures deemed necessary after you have been given an estimate will be discussed with you before the doctor proceeds.
4. A deposit of one-half of the written estimate will be required on hospital admission. This deposit will be applied to your total bill when you pet is released. The balance will be due when your pet leaves the hospital.

We accept Visa, MasterCard, Discover, American Express, cash and personal checks (with a valid driver's license).

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

_____ ____/____/____
(Owner's Signature)

Consult information will be forwarded to your regular veterinarian.