

METROPOLITAN VETERINARY HOSPITAL

Date: _____ Time: _____

CLIENT INFORMATION (Please fill out all blanks applicable):

Have you ever been here before? _____ 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 PREFERS MEN PREFERS WOMEN

REGULAR VETERINARIAN:

DOCTOR LAST NAME & PRACTICE: _____

LOCATION: _____ TELEPHONE NUMBER: _____

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

CARDIOLOGY DIET HISTORY FORM
Please answer the following questions about your pet

Pet's name: _____ Owner's name : _____ Today's date: _____

1. How would you assess your pet's appetite? (mark an X at the point on the line below that best represents your pet's appetite) Example: **Poor** _____ **Excellent**

Poor _____ **Excellent**

2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)

- Eats about the same amount as usual Eats less than usual Eats more than usual
 Seems to prefer different foods than usual Other _____

3. Over the last few weeks, has your pet (check one)

- Lost weight Gained weight Stayed about the same weight Don't know

4. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats. Please include the brand, specific product, and flavor so we know exactly what you pet is eating.

Food (include specific product and flavor) Form Amount How often? Fed since
Examples are shown in the table – please provide enough detail that we could go to the store and buy the exact same food.

Food (include specific product and flavor)	Form	Amount	How often?	Fed since
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015

**Any additional diet information can be listed on the back of this sheet*

5. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? Yes No If yes, please list which ones and give brands and amounts:

	Brand/Concentration	Amount per day
Taurine <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Carnitine <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Antioxidants <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Multivitamin <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Fish oil <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Coenzyme Q10 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other (please list): Example: Vitamin C	Nature's Bounty	500 mg tablets – 1 per day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. How do you administer pills to your pet?

- I do not give any medications I put them directly in my pet's mouth without food
 I put them in my pet's dog/cat food I put them in a Pill Pocket or similar product
 I put them in foods (list foods): _____

Information below to be completed by the veterinarian:

Current body weight: _____ kg Current body condition score (1-9): _____/9

Muscle Condition Score: normal muscle mild muscle loss moderate muscle loss severe muscle loss

**Ohio Veterinary Cardiology, Ltd.
Client Consent Form**

I am the owner or agent of the above described animal and have the authority to execute this consent.

Financial Information:

I assume all financial responsibility for any treatment/diagnostic testing of my pet. I understand that the hospital policy is **payment in full** at the time that my pet is released. An estimate of cost will be provided during the initial consultation. This estimate will fluctuate as changes in treatment are instituted. A deposit of one half of the initial quote will be required prior to treatments. By signing below, I understand that payment in full is due at the time of my pet's release.

Client Information:

I do hereby authorize the Ohio Veterinary Cardiology 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/or diagnostic findings. I authorize the administration of necessary treatments, anesthesia, surgery and/or execution of necessary diagnostic tests and understand that there are certain risks with anesthetics, any medication and testing procedures.

Client Signature: _____

Date: _____

Client Information Sheet
OHIO VETERINARY CARDIOLOGY LTD.
Lori S. Hitchcock, DVM, DACVIM (Cardiology)
Michelle N. Villalba, MS, DVM, DACVIM (Cardiology)

Metropolitan Veterinary Hospital is a 24-hour central hospital for Northeastern Ohio. The hospital services are available to you and your pet during office hours, and in the event of an emergency, when Ohio Veterinary Cardiology office hours are over. The Ohio Veterinary Cardiology **office hours are held Monday through Friday from 8:00a.m. until 4:30p.m.** In order to better serve you and your pet, we request that the following calls be made during our office hours.

- **APPOINTMENTS**

You must call during regular office hours to schedule your appointment. The cardiology schedule books out months in advance. When calling to make an appointment, please try to schedule your appointment as soon as you are able. This allows us to accommodate your schedule as best as possible. Since we do schedule out in advance, we make confirmation calls several days prior to your appointment. If we do not reach you, we ask that you return our call to confirm and save your appointment spot. After a second reminder call with no response, your appointment may be subject to cancellation.

- **PRESCRIPTION REFILLS**

We will be happy to fill or call in prescriptions for your pet **during** Ohio Veterinary Cardiology office hours. **PRESCRIPTION REFILLS OUTSIDE OF OHIO VETERINARY CARDIOLOGY'S REGULAR BUSINESS HOURS (evenings, holidays, and weekends) MAY BE ASSOCIATED WITH AN AFTER-HOURS FILLING FEE.** We must have **24-48 hours notice** on medication refills. Please do not run out of your medications, as we cannot guarantee that they can be filled before your next dose is due.

- **PROGRESS REPORTS, TEST RESULTS**

Please call with updates or requested progress reports on your pet during Cardiology office hours. Usually, the doctor and technicians call with test results and return phone calls by the end of the next business day.

- **EMERGENCIES**

If you are experiencing a severe problem or emergency situation with your pet, please feel free to contact the Ohio Veterinary Cardiology practice or the hospital at any time, day or night. Your pet's health is of the utmost importance to us and we will do whatever we can to accommodate you and your pet in the event of a problem or emergency.

While the hospital does have staff on duty 24 hours a day, it is imperative that non-emergent phone call and prescription refills not be made during this time. Non-emergent phone calls should wait until normal business hours.