



# Welcome to Midway Animal Hospital

[www.midwayanimal.com](http://www.midwayanimal.com)

Thank you for giving us the opportunity to care for your family friend. Please help us better meet your needs by taking a few minutes to fill out the information below.

## PLEASE PRINT

Owner's name: \_\_\_\_\_

Spouse/other: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

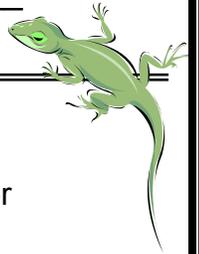
Work phone: \_\_\_\_\_ Other contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If applicable, please name the person we can thank: \_\_\_\_\_

Is there anyone else that you authorize to bring in your pet and/or treat your pet in case of an emergency? \_\_\_\_\_



## Please read carefully and sign below:

I hereby authorize Midway Animal Hospital to receive, prescribe for, treat, and/or perform procedures upon the pet(s) that I present under the veterinary-patient-client relationship (defined as the pet having been examined by the doctor, recommendations for care having been made, and the recommendations having been accepted by the owner). I understand Midway will often prepare a written treatment proposal when recommending diagnostics or procedures, and that I should request one if at any time I am unclear or concerned about the medical plan or costs. I understand that giving verbal consent to a medical recommendation does make me responsible for the costs involved. I understand that payment is due at the time services are rendered.

I further certify that I am the owner of this pet and at least eighteen (18) years of age.

\_\_\_\_\_  
Signature Date



## Patient Information



Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Is your pet spayed/neutered? Yes ( ) No ( )

Is your pet microchipped? Yes ( ) No ( )

If no, would you like it done today? (The cost is \$40, which includes the chip and lifetime registration with the company) Yes ( ) No ( )

How long have you owned your pet? \_\_\_\_\_

Where did you acquire your pet? \_\_\_\_\_

Does your pet have any history of medical problems? If yes, please explain: \_\_\_\_\_

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Is your pet currently on any medications (including heartworm/flea prevention, any supplements, or any over-the counter product)? If so, please list below: \_\_\_\_\_

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Why have you brought your pet in for examination today? \_\_\_\_\_

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Have you noticed any behavioral changes in your pet over the last few months (i.e., not playing as much as before, drinking/urinating more, hiding, etc.)? If so, please describe: \_\_\_\_\_

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Do you own any other pets/animals? If so, please list what kind/how many below: \_\_\_\_\_

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# Midway Animal Hospital

1635 South Suncoast Blvd. | Homosassa, FL 34448 | Phone 352-795-7110 |  
Fax 352-795-6305

## Financial Policy

Thank you for choosing Midway Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Midway Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

### **Payment Options:**

You can choose from:

- Cash, Check, Debit, Visa<sup>®</sup>, MasterCard<sup>®</sup>, American Express<sup>®</sup>, Discover<sup>®</sup>
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit<sup>®</sup>
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount over \$100
  - o Can be used repeatedly - for your entire family - without having to reapply<sup>1</sup>
  - o 5% Administration fee for use of this payment plan

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

### **Deposit & Billing:**

For some treatments or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care of \$400 or more will require a 75% deposit to begin your pet's treatment, with the balance due at discharge. We may offer in-house payment options on a case-by-case basis. We charge 2% interest on all outstanding account balances older than 30 days. If you have an account 90 days past due, Midway Animal Hospital may relinquish your balance owed to a collection agency and add the collection fees to the account balance.

### **Additional Policy Information:**

Midway Animal Hospital charges \$25 for returned checks. If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

\_\_\_\_\_  
Client/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Owner Name (Please Print)

\_\_\_\_\_  
Pet Name

<sup>1</sup>Subject to credit approval