



# LEXINGTON VETERINARY GROUP

Internal Medicine and Surgery of Companion Animals

Main Hospital @ 39<sup>th</sup>: T: 212.889.7778 F: 212.661.0596

Chelsea @ 25<sup>th</sup>: T: 212.206.0655 F: 212.203.0655

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

Client ID #: \_\_\_\_\_

## CLIENT INFORMATION

Social Security #: \_\_\_\_\_ (Do not omit, needed for accounting purposes. Thank you.) Driver Lic#: \_\_\_\_\_

Name (Last Name, First): \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ APT #: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Work #: \_\_\_\_\_ ext: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_ Does the emergency contact have authorization to approve treatment for your pet in the case of an emergency? (Please Circle) YES NO

How did you learn about our practice? \_\_\_\_\_ Referred By: \_\_\_\_\_

Primary reason for visit: \_\_\_\_\_

## PET INFORMATION

Pet's Name: \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Neutered/Spayed: Yes No Unknown At what age? \_\_\_\_\_

Initial Presenting Problem: \_\_\_\_\_

**Recent Vaccination History: Please give a copy of all medical history to receptionist to copy and put in the patient chart.**

## FINANCIAL POLICY

**PAYMENT IS DUE AT TIME SERVICES ARE RENDERED.** Any animal needing to be hospitalized will receive an estimate and a *full deposit in advance is required*. We accept cash and all major credit cards, we do not accept checks. In the event that payment is not made at time of services, it is our policy to apply a service charge and finance charge to accounts that are over 30 days old or by the 26th of each month. A service charge of \$10.00 per month and a finance charge of 21% per month will be applied to your balance if not paid in full. If you are sent to collections you will be responsible for all collection & lawyer fees, or any other collection fee listed or not listed associated with your account. **Please give 24 hr advance notice to cancel or reschedule to appointments.** All returned checks will incur a charge of \$30.00

## TREATMENT AUTHORIZATION/RELEASE

I hereby authorize Lexington Veterinary Group to exam, prescribe for, or treat the above described pet. I assume all responsibility for all charges incurred in the care of the animal. If I am coming from another Veterinary office I understand that Lexington Veterinary Group will need a summary of pet's care and treatment in order to continue uninterrupted medical treatment for my pet. I also understand that I may give a verbal authorization to charge my credit card on file and may even give my credit card number over the phone and authorize such use in the event that I have not signed a credit card authorization form. In the event that I fail to pick up the animal from Lexington Veterinary Group within 10 days after written notice by certified mail, return receipt requested, I authorize Lexington Veterinary Group to release my pet for adoption to an adoption agency that they see fit or to euthanize my pet if deemed necessary by the veterinary doctor on staff. I will not hold LVG responsible for any charges incurred during this process and agree to pay the fee for such service. I authorize that I am the owner of said pet and have full authority to enter into this agreement and the terms thereof.

Signature of client responsible for pet: \_\_\_\_\_

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



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## CREDIT CARD AUTHORIZATION FORM

Thank you for selecting Lexington Veterinary Group as your pet's personal Veterinary Care Team. We are confident that your relationship will be 100% satisfactory. We ask our clients to pay for their pet's care at the time of treatment. For your convenience we welcome all major credit cards. In cases where your treatment is completed and your balance remains unpaid, your credit card can be charged automatically and kept on file. **Please be assured that Lexington Veterinary Group will keep all client information 100% confidential.**

Kindly provide your endorsement and credit card number with expiration below.

\*\*\*\*\*

Please read and sign one of the following below:

- *I decline to keep my card on file at this time but acknowledge that if decided to do so in the future and give my credit card number over the phone I accept the terms of this agreement.*

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

\*\*\*\*\*

- I authorize all veterinary services, including but not limited to, medical treatment, boarding, grooming, food, any delivery charges and prescription medications that have a balance left unpaid to be paid in full with the following credit card. I understand that any balance left on my account that was not paid at the time services were rendered will be charged to my credit card even in the unlikely event that I am not able to be reached by telephone. The credit card listed will be used for all of my pets that are seen at Lexington Veterinary Group at any of their two locations, even if a credit card authorization form is not signed for each pet. In the event that I may write a check and the check is returned for non-sufficient funds, I authorize the use of this card. Should my credit card get denied, these charges are due and payable directly upon notice. Lexington Veterinary Group reserves the right to discontinue use of my credit card as a method of payment without prior notice.

Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

(By signing above I understand and agree to the terms of this agreement)

Credit Card: (Please Circle) **MasterCard** **Visa** **Discover** **American Express** **Care Credit**

Credit Card #: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ / \_\_\_\_\_ Last 3 security digits located on back of card \_\_\_\_\_  
MM / YYYY

Is the billing address the same as your home address? Yes No (if no please provide the billing address below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## STAFFING HOURS DISCLOSURE FORM

The purpose of this form is to inform you that we have no in-house, on duty continuous medical staff care during hours other than our posted hours of operation. We ask that you please call the office to ensure the hours for that day if you are needing to come by and pick up medications or food.

***The main hospital hours of operation are: DOCTORS HOURS ARE BY APPOINTMENT ONLY***

|                           |                   |
|---------------------------|-------------------|
| Monday, Tuesday, Thursday | 8:30 AM - 6:00 PM |
| Wednesday, Friday         | 8:30 AM - 4:00 PM |
| Saturday                  | 8:30 AM – 1:00 PM |
| Sunday                    | CLOSED            |

***The satellite hours of operation are: DOCTORS HOURS ARE BY APPOINTMENT ONLY***

We will be closed for Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas, and New Year's Day.

Lexington Veterinary Group wants to make sure that you are not erroneously led to believe that because your animal is hospitalized, he or she is being observed 24 hours a day. Some conditions allow for safe and ethical treatment with non-continuous observation. Some conditions require constant observation. If the doctor on duty feels your animal should not be left here unattended during a period when we are not staffed, we will make this clear to you and will provide you assistance with transferring your pet to a 24 hour facility.

I have been informed of and understand all of the potential risks involved in the decision to admit my pet during staffed and un-staffed hours. I also understand that I or any of my representatives will not hold Lexington Veterinary Group and/or any of their veterinary doctors or employees on staff responsible for ***any*** complications that may arise from this decision.

Please feel free to ask questions if you are unsure if your animal is receiving adequate care.

These hours are subject to change without notice.

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I HAVE READ THIS FORM AND I AM AWARE OF THE ABOVE STAFFING HOURS.

Signature: \_\_\_\_\_

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