



Gary L. Wood, DVM, DACVIM (Cardiology)
www.heartvet.com; info@heartvet.com
 8250 SW Tonka St
 Tualatin, OR 97062
 Phone: 503-246-9689
 Fax: 503-885-7781

“We Love Pets, Their People, and Their Doctors”

NEW CLIENT REGISTRATION

Thank you for the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.

Client Information

Primary Contact: _____ Secondary Contact: _____
 Prim. Contact Ph.: _____ Home Cell Sec. Contact Ph.: _____ Home Cell
 Is SMS texting ok?: Yes No Occupation(s): _____
 E-mail(s): _____
 Mailing Address: _____

Please list all veterinarians that we should share our findings with

Primary Veterinarian: _____ Clinic Name: _____
 Specialty Veterinarian: _____ Clinic Name: _____

Patient Information

Pet Name: _____ Species: Canine Feline Breed: _____
 Sex: Female Male Spayed/Neutered Date of Birth/Approximate Age: _____

Pet Insurance Company: _____

We use Trupanion Express for Trupanion clients, or we keep a signed, undated claim form to submit on your behalf.

History (skip this section for OFA exams)

Reason for visit: _____

Other conditions your pet is currently being treated for: _____

Current medications:

Medication Name:	Strength:	Directions:

Current diet: _____ Is it grain free? No Yes Don't know

What are the main ingredients?: _____

How long has your pet been on this diet?: _____

Is this pet related to any other pets with heart disease?: No Yes Don't know



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CLIENT POLICY FORM

CANCELLATION POLICY

Appointments must be modified a minimum of 48 hours (excluding weekends) prior to your appointment start time.

We reserve the right to collect a security deposit, up to the value of an exam fee, in instances of multiple and/or short notice cancellations.

FINANCIAL POLICY

Payment is due in full at the time services are rendered. We do not offer billing or in-house payment plans/financing.

We strive to provide estimates for all services before performing them. Sometimes in a hospitalization or emergency event it is difficult to give an accurate estimate. Please tell us if you have specific cost concerns.

We accept cash, check, VISA, MasterCard, Discover Card, American Express, and CareCredit.

PRESCRIPTION POLICY

To best serve your pet's changing needs, we require regular recheck examinations for prescription approvals (our legal requirements are noted below). Rechecks are recommended per the severity of your pet's cardiac disease and are generally less expensive than the initial visit. We cannot accept returned prescriptions for a refund once they have left our hospital, but we will gratefully accept them as a donation to use in cases where the owners cannot afford care.

"A Veterinary-Client-Patient Relationship (VCPR) must be in place for a veterinarian to be able to legally provide treatment, prescribe medications, or administer vaccines to an animal. The veterinarian must have examined the animal within the last year in order to establish the VCPR." - Oregon Veterinary Medical Association (OVMA).

PHOTO POLICY

Cardiology Northwest may publish photos of me and/or my pet for educational and promotional purposes including the business website, Facebook, Instagram, Twitter, and/or publications. **Check to decline**

CPR/DNR PREFERENCE

For patients with suspected or diagnosed heart disease, it's appropriate to decide in advance whether aggressive measures of resuscitation (CPR) will be performed if needed. In the event of cardiac or respiratory arrest, we will always default to performing CPR unless otherwise noted. This may include chest compressions, administration of emergency drugs, intubation (placing an endotracheal tube into the trachea to administer oxygen), or other emergency measures.

I understand that performing CPR will likely incur additional costs (estimated \$300-1000). I also understand that even the most successful CPR rarely restores a pet's normal mental and physical health.

If you DO NOT wish us to attempt to resuscitate your pet in the event of cardiac or respiratory arrest, please initial below:

[DNR] Do Not Resuscitate. I do not authorize Cardiology Northwest to perform/facilitate CPR in the event of my pet's cardiac or respiratory arrest.

I have read and understand the above policies and agree to the terms and conditions stated therein.

Client/Agent Signature _____ Date _____