



**HANOVER VETERINARY HOSPITAL**  
**12515 WICKER AVENUE**  
**CEDAR LAKE, IN 46303**  
**219-374-9443**

Thank you for giving us the opportunity to care for your pet! We look forward to addressing all of your pet's health concerns. To offer you the best care possible, please take a moment to fill out both pages of this form. Thank you!

### CLIENT REGISTRATION

Today's Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Preferred Contact Method: \_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_ Email \_\_\_ Text \_\_\_

Spouse or Other Joint Owner's Name \_\_\_\_\_

Relationship \_\_\_\_\_ Permission to make decisions? \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear about our hospital? \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

### Treatment & Payment Policies

All pets that come to Hanover Veterinary Hospital for veterinary care will be assessed by a veterinarian who will develop a treatment plan for your pet. Any visit utilizing doctor or technician time will incur an office visit fee in addition to any treatments or diagnostics. This includes, but is not limited to, exams, consultations, vaccines, and recheck exams. You are responsible for all fees incurred in the care of your pet. These fees are due at the time of service. Hanover accepts cash, check, credit cards, debit cards and care credit. You can visit [www.Carecredit.com](http://www.Carecredit.com) and apply online or you can fill out an application here at the hospital. Talk to one of our receptionists for more information. We can help you fill out your insurance claim forms for reimbursement from your pet health insurance provider and some cases can be handled by Tru-panion's direct pay service. We will provide an estimate of fees if asked. It is your responsibility to ask for an estimate whenever you feel appropriate before treatment or tests are performed by our doctors and staff. Any unpaid balances will immediately incur a monthly service charge of \$5 or 1.8% per month.

### Doctor Preference

Veterinary care is offered by multiple doctors at Hanover Veterinary Hospital. If you have a preference to see a certain doctor, please advise us when making your appointment. We will gladly try to accommodate your request.

### Hours of Operation

Hanover Veterinary Hospital is an outpatient clinic and provides veterinary care during scheduled operating hours, which are subject to change. For best service, appointments should be made in advance. If you have an emergency, please call our office immediately to ensure we are open and have a doctor available to see your pet. If you have an emergency after hours, please call North Central Veterinary Emergency Center in Highland, IN at 219-881-1600.

### Hospitalization

If you have a pet that requires inpatient treatment, we are happy to provide daytime hospitalization. However, patients that require care overnight may be directed to an overnight or emergency clinic to continue treatments that we cannot provide due to our operating hours. Hanover is NOT staffed by medical personnel overnight, after 2 pm on Saturday, or on Sundays or holidays. Pets admitted for boarding are cared for outside of regular business hours by our kennel staff.

### Third Party Medical Providers and Specialists

We are not affiliated financially with any emergency clinic or specialists in any way. Questions regarding payment policies or medical treatment provided by an outside provider must be addressed to them directly. In the event that we refer you to a specialist or emergency clinician, we will coordinate the transfer of information and records, and may help set up an appointment for you. Once out of our care, your specialist or emergency clinician will be in charge of your pet's medical care until formal instructions are given back to us to continue overseeing your pet's care and medical condition.

We reserve the right to deny treatment to aggressive pets that cannot be safely restrained for examination.

I understand and agree to abide by the above policies.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_



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**PATIENT REGISTRATION** (Please fill out a new form for each pet)

Pet's Name \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_ Bird \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

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

Reason for visit today \_\_\_\_\_

Vaccination History (Date & Type of Last Vaccines)

\_\_\_\_\_

Does your pet have any known allergies?

\_\_\_\_\_

Please check any symptoms or problems your pet has:

<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Weight Loss	How Long?
<input type="checkbox"/> Appetite Increase	<input type="checkbox"/> Appetite Decrease	How Long?
<input type="checkbox"/> Vomiting		How Long?
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	How Long?
<input type="checkbox"/> Coughing	<input type="checkbox"/> Sneezing	How Long?
<input type="checkbox"/> Increased drinking	<input type="checkbox"/> Increased urination	How Long?
<input type="checkbox"/> Lumps/Tumors	<input type="checkbox"/> Skin problems	How Long?
<input type="checkbox"/> Eye problems/discharge	<input type="checkbox"/> Redness, itching, foul odor from ears	How Long?
<input type="checkbox"/> Bad breath/Sore gums/Difficulty chewing	<input type="checkbox"/> Decreased awareness/confusion/Lost	How Long?
<input type="checkbox"/> House soiling	<input type="checkbox"/> Spraying/marking	How Long?
<input type="checkbox"/> Chewing/itching	<input type="checkbox"/> Fleas	How Long?
<input type="checkbox"/> Increased irritability	<input type="checkbox"/> Aggression	How Long?
<input type="checkbox"/> Increased fear	<input type="checkbox"/> Anxiety	How Long?
<input type="checkbox"/> Decreased Tolerance of Handling	<input type="checkbox"/> Decreased Grooming or Self-Care	How Long?
<input type="checkbox"/> Muscle Tremors	<input type="checkbox"/> Shaking	How Long?
<input type="checkbox"/> Weakness	<input type="checkbox"/> Incoordination	How Long?
<input type="checkbox"/> Difficulty Climbing Stairs/Increased stiffness	<input type="checkbox"/> Decreased Activity/Sleeps more	How Long?

Medications (please list)

\_\_\_\_\_

Existing Medical conditions:

\_\_\_\_\_

**Are there any other concerns you would like to discuss with the doctor today?**

\_\_\_\_\_

*Please bring any medical records you may have with you on your first visit. Thank you!*