



Serving South Jersey For Over 40 Years  
856-234-7626 • 220 Mount Laurel Road  
Mount Laurel, NJ • mlahvet.com

## 24 Hour Emergency & Specialty Care

### NEW CLIENT/PATIENT QUESTIONNAIRE

Owner Name \_\_\_\_\_

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

1. Do you have a primary care veterinarian/practice who provides regular, annual, routine veterinary services to this pet or other pets in your household? Yes  No

If yes, name of primary care veterinarian/practice \_\_\_\_\_  
(Medical reports will be sent to this veterinarian/practice)

2. Have you ever been to our hospital before? Yes  No

3. How did you hear about us? Family/Friend  Your Veterinarian  Our Website   
Yelp  Google  Other: \_\_\_\_\_

#### Services

Mount Laurel Animal Hospital's Emergency & Specialty Care services are designed to function as an extension of your primary veterinarian's facility. We provide local and referring veterinarians with after-hours emergency services, specialized medical procedures and critical care hospitalization for their clients' pets. We value the partnership we have with your veterinarian, and for that reason, they will provide follow-up services and continued care once our emergency or specialized services are no longer necessary. We will immediately notify your veterinarian that your pet visited our hospital, and provide them with treatment and follow-up information so they can continue your pet's care once you leave our hospital. Thank you for entrusting Mount Laurel Animal Hospital with your pet's emergency and specialty care.

#### Payment Policy

Following a doctor's examination, we will provide you with an estimate of fees for your pet's medical care. You will have the opportunity to approve or decline all recommended procedures or medications. Your estimate will be adjusted to reflect only the services that you wish to pursue. **Upon approval of the estimate, a deposit is required to begin diagnostics and treatment on your pet. THE BALANCE IS DUE AT DISCHARGE. If you cannot meet this requirement, we have staff members who can assist you in applying for a payment plan that we have available through Wells Fargo Financing** (see provided brochure). If you have any concerns, please feel free to consult our reception staff.

Please initial after reading \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

-----*(Office use only below this line)*-----

Printed name of staff member accepting/checking form with Client \_\_\_\_\_

Printed name of staff member conducting search and correcting information \_\_\_\_\_