

# **NORTH CENTRAL OHIO RELIEF SERVICES CLIENT AND CLINIC INFORMATION SHEET**

**Clinic Name:**

**Clinic Owner:**

**Address:**

**Clinic Practice Manager:**

**Clinic Phone Number:**

**County:**

**Clinic Email:**

**Any additional Contact Names and Phone Numbers:**

**In case of an emergency – who do we contact and phone numbers: (list two options if possible)**

**Please list the key employee(s) to whom you would like the doctor to address any questions that may arise during the working day. (Practice or office manager, head tech, associate veterinarian, etc.)**

**What arrangements are made for evening care or treatment of critical hospitalized patients?**

**Where would you prefer evening emergencies be referred?**

**Is there a dress code for the clinic? Do you prefer doctors to wear a white coat?** If there is no dress code, then scrubs or a scrub shirt with dress pants will be the typical attire for NCORS doctors.

**Do you have computerized or paper charts? If computerized – what is the system that you use?**

**Who is responsible for generating and discussing estimates, invoices, and payment policies with your clients?**

**Do you have alternative payment options for clients? (Care Credit, or Scratch Pay, etc.)**

**How many appointments are scheduled per hour? Longer for sick? Shorter for wellness visits/rechecks?**

**Preferred Vaccination Protocols for Dogs/Cats:**

Please list recommended core vaccines for patients, if they are one year or three year and any specifics on location of where you would like them administered (Ex: right shoulder, left rear)

**For Dogs:**

**For Cats:**

**What are your clinic's current recommendations for Heart worm testing and preventions?**

**What are your clinic's current recommendations for FELV/FIV testing?**

**At what age are you recommending spay/castration for dogs? Cats?**

**What Emergency surgeries do you perform at your clinic?**

**Drug and dosing regimens that are preferred should our doctor need to perform an emergency surgery/procedure requiring anesthesia and/or analgesia:**

Include information about IV catheters/fluids, premed's, induction, maintenance, analgesia, etc.

**Dog Routine:**

**Cat Routine:**

**Dog Debilitated/Geriatric:**

**Cat Debilitated/Geriatric:**

**Do you have in house lab capabilities? If yes – what do you typically offer in-house?**

**What are the euthanasia protocols in place? (Sedation, IV catheter placed, etc.)**

**Please list any additional medical or surgical protocols that you wish to be observed that are not already been listed or add any points of clarification that you would like to make:**

**Are there any special requests or instructions for our doctor?**

**Please let us know your current COVID protocols – masks required, curbside, etc.**