



# Gulf Coast Veterinary Specialist

"Compassionate Care for You and Your Pet"

**Acupuncture • Critical Care • Dermatology & Allergy  
Diagnostic Imaging • Internal Medicine • Oncology**

## Client Information

Owner Name: \_\_\_\_\_ Co-Owner Name: \_\_\_\_\_  
(Last Name, First Name) (Last Name, First Name)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Owner Information:

### Co-Owner Information:

Occupation/Employer: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

Pager Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

**\*May we use your e-mail address for GCVS related notifications?  Yes  No**

*(E-mail addresses will never be used for any 3<sup>rd</sup> party information, we respect your privacy)*

## Patient Information

Patient Name: \_\_\_\_\_ DOG CAT Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Circle One: Male/Intact Male/Neutered Female/Spayed Female/Intact: Last Heat: \_\_\_\_\_

Birthdate/Age: \_\_\_\_\_ How Long Have You Owned This Pet? \_\_\_\_\_

Referring Veterinarian Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Reason for Referral (Primary Medical Complaint): \_\_\_\_\_

## Survey (optional)

In our ongoing efforts to provide the best possible service, we are gathering information to help us better understand our clients. Would you please take a few moments to share this information with us? *(Please fill in the blank or circle the appropriate response)*

Your Age: \_\_\_\_\_ Gender: Male Female Marital Status: Not Married Married

Employment Status: Unemployed Employed Self-Employed Retired Radio station commonly listened to: \_\_\_\_\_

Education: Some High School High School College Graduate School DM, DVM, VDM, DDS PhD JD

Have any Doctors at Gulf Coast (any department) seen any of your pets in the past? YES NO

If yes, then which Doctor(s) and which pet(s)? \_\_\_\_\_

Had you heard about our hospital prior to this referral? YES NO If yes, how: \_\_\_\_\_

If a friend referred you please tell us their name so that we may personally thank them. \_\_\_\_\_



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## Statement of Understanding & Consent

By signing this form today, I agree that I am the owner or agent for the owner, of the pet I am presenting for evaluation today and have the authority to sign, comply, and consent to the procedures described to me as well as to provide timely payment for services.

All professional fees are due at the time services are rendered, with a 100% deposit required to begin diagnostics and/or treatment. We accept cash, all major credit cards, checks (with proper ID) or in cases of extensive medical or surgical procedures where full payment may be difficult at discharge, the ability to establish a payment arrangement is possible once approved for **CareCredit through GE Capital Consumer Card Co. in advance of treatment.** There will be a service charge for any check returned unpaid. There is a 1.5% service charge applied to all accounts unpaid by the last day of the current statement month. We urge you to discuss all fees with the doctor before the services are performed.

Gulf Coast Veterinary Specialists is comprised of multiple practices within the building. Charges that are assessed for your pet will be billed separately through each appropriate practice. If you have any questions, please do not hesitate to ask any of our front desk staff.

It is hereby agreed and understood that any dispute, difference, and/or disagreement of any kind whatsoever, whether statutory or contractual, which arises from the services(s)/product(s) provided or relating in any way to the general business relationship of the parties to this agreement, shall be, as the sole available remedy, resolved through mediation and/or binding arbitration, rather than litigation. Any such mediation or arbitration shall be governed by the Federal Arbitration Act (FAA) and conducted in accordance with the “Commercial Rules of Mediation and Arbitration” as then in effect and administered by Dispute Solutions, Inc. (DSI). I agree to pay all reasonable attorney fees and all of the costs and expenses which may be incurred by a Collector in the enforcement of this agreement.

I have read and understand this authorization and consent. I am either the owner or acting as the authorized agent of the owner and agree to the terms described above.

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

## Failure of Cancellation Policy

Due to the fact that the time allotted for an appointment may be anywhere from 25 minutes to an hour, it is our policy to charge a failure of cancellation fee if we are not given at least 24 hour notice prior to canceling an appointment.

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