



# Gulf Coast Avian and Exotics

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## CLIENT INFORMATION

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

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

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

### Owner Information

Employer: \_\_\_\_\_

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

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

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

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

Driver's Lic #: \_\_\_\_\_ DOB: \_\_\_\_\_

### Co-Owner Information

Employer: \_\_\_\_\_

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

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

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

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

Driver's Lic #: \_\_\_\_\_ DOB: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Species / Breed: \_\_\_\_\_ Birth Date / Age: \_\_\_\_\_

Color: \_\_\_\_\_ Sex - Circle One: Male Neutered Female Spayed Unknown

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

Reason for Referral (main complaint): \_\_\_\_\_

Please list any of your pet's drug allergies or special problems that we should know about: \_\_\_\_\_

Is your pet current on all vaccinations Yes \_\_\_\_\_ No \_\_\_\_\_

Have any doctors at Gulf Coast (any department) seen any of your pets in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which doctor(s) and which pet(s): \_\_\_\_\_

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

Did you bring (or mail in) X-rays and/or medical records from your veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_

## Payment Information

Following the doctor's examination, we will provide you with an estimate of fees. All professional fees are due at the time services are rendered and a deposit may be required. We accept cash, check (with appropriate identification and check approval), major credit cards; or we can help you establish a payment arrangement if approved by GE Capital-Care Credit in advance of treatment. There will be a service charge for any check returned unpaid. We urge you to discuss all fees with the doctor before services are performed.

SIGNATURE OF RESPONSIBLE PARTY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be over 18 years of age)

## Gulf Coast Avian and Exotics

### PET INFORMATION

CLIENT NAME: \_\_\_\_\_ PET NAME: \_\_\_\_\_

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

Where did you acquire this pet? \_\_\_\_\_

Please list all foods your pet eats (be as specific as possible) \_\_\_\_\_

\_\_\_\_\_

Do you use any vitamin supplements? If so, please list. \_\_\_\_\_

\_\_\_\_\_

Do you add these to the food or water? \_\_\_\_\_ How often? \_\_\_\_\_

Does your pet drink water from a bowl or bottle? \_\_\_\_\_

What type of enclosure is your pet kept in? \_\_\_\_\_

What is the average temperature of the enclosure? \_\_\_\_\_

What is the range of temperatures of the enclosure? \_\_\_\_\_

What substance(s) is (are) on the bottom of the enclosure? \_\_\_\_\_

What lighting systems are used in the pet's enclosure? How many hours for each system? \_\_\_\_\_

\_\_\_\_\_

How many pets total are kept in this enclosure? \_\_\_\_\_

How much time is your pet permitted outside the enclosure? \_\_\_\_\_

Briefly describe any past medical problems your pet has had: \_\_\_\_\_

\_\_\_\_\_

Has your pet been exposed to pets outside your household? (Pet shops, shows, groomer?) \_\_\_\_\_

What other types of pets are in your household? \_\_\_\_\_

Have you recently added any new pets to your household? (Within the last year?) Please list: \_\_\_\_\_

\_\_\_\_\_

Would you be interested in participating in or learning about our exotic pet blood donor program? Yes \_\_\_\_\_ No \_\_\_\_\_