



Gulf Coast Veterinary Surgery, Orthopedics, and Neurology
Gulf Coast Animal Rehabilitation and Fitness

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CLIENT INFORMATION

Owner Name: (Last Name, First Name) Co-Owner 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: DOG CAT Breed:

Circle One: Male/Intact Male/Neutered Female/Spayed Female/Intact Last Heat Cycle:

Birth Date/Age: How long have you owned this pet? Color:

Where did you acquire pet? Breeder Individual Shelter Pet Shop Rescue Are Vaccinations Current? Yes No

Primary Veterinarian Name: Clinic Name:

Referring Veterinarian Name: Clinic Name:

Reason for Referral (primary complaint):

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

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

Have you listened to "Your Pet's Health" program on 740 AM radio KTRH at 8 PM on Sunday evenings? 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, with a 50% deposit required to begin diagnostics, surgery, and/or treatment. 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.

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 be sure to ask any of our front desk staff.

SIGNATURE OF RESPONSIBLE PARTY: DATE:

(Must be over 18 years of age)