



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 3rd 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: _____



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Internal Medicine & Critical Care Feline Pre-Exam Questionnaire

Food fed: Dry _____ Canned _____ Treats/Other: _____
(List name and amount of food fed in one day)

Percentage of time spent outdoors: _____% If outdoors, is your care: Free roaming _____ Supervised _____

List number of pets in household: Cats _____ Dogs _____ Other _____

Is your cat currently taking medication? Yes _____ No _____

Type: _____ Dose: _____ Last given: ____/____/____

Type: _____ Dose: _____ Last given: ____/____/____

Type: _____ Dose: _____ Last given: ____/____/____

Is your pet allergic to any medications? Yes _____ No _____ If so, please list _____

Litter Box(s) Material: Clay _____ Clumping _____ Other _____ Scented _____ Unscented _____

Litter Box(s): How many _____ Location _____ How often scooped _____ How often changed _____

Has your pet had surgery before? Yes _____ No _____ If yes, what surgery was done _____

Does your cat take heartworm preventative? Yes _____ No _____ If so, please list type _____

Please list any past medical or surgical problems and when they occurred: _____

Has your pet traveled out of state? Yes _____ No _____ If so, please list states _____

Do you prefer to medicate your cat with: Liquid _____ Pills _____

Pet's Name: _____ Owner's Name _____



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	Yes	No	Not Sure
1. Have there been any changes in attitude, activity level, or interaction?			
2. Have you noticed any weakness, trouble walking or jumping, in-coordination or shaking?			
3. Have you noticed any changes in behavior (irritability, aggression, anxiety, excessive vocalization, waking you up at night)?			
4. Has the appetite increased?			
5. Has the appetite decreased?			
6. Has the water consumption increased?			
7. Has the water consumption decreased?			
8. Has your cat been urinating outside of the box or straining to urinate?			
9. Have you noticed any change in the amount of urine?			
10. Have you noticed blood in the urine?			
11. Has there been any breathing difficulty?			
12. Has there been any sneezing?			
13. Has there been any coughing?			
14. Have you noticed sore gums, bad breath, difficulty chewing or swallowing?			
15. Has your cat been vomiting? If yes, how many times per day?			
16. Has your cat been defecating outside of the box or straining to defecate?			
17. Has your cat had diarrhea or soft stool? If yes, how many times per day?			
18. Has your cat had blood or mucus in the stool?			
19. Have there been any problems with the ears?			
20. Has there been any hair loss, sores, lumps, scratches, or changes in grooming?			
21. Has your cat been vaccinated in the past 12 months?			
22. Has your cat ever been used for breeding?			
23. Does your pet regularly attend shows?			
24. Has your cat been checked for parasites in the past month?			