



CLIENT INFORMATION

Owner Name: _____ Co-Owner Name: _____
(Last Name, First Name) (Last Name, First Name)

Home Address: _____ APT # _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Owner Information

Employer: _____

Work Phone: _____

Cellular Phone: _____

E-mail Address: _____

Driver's Lic #: _____ DOB: _____

Co-Owner Information

Employer: _____

Work Phone: _____

Cellular Phone: _____

E-mail Address: _____

Driver's Lic #: _____ DOB: _____

PATIENT INFORMATION

Patient Name: _____ Species/Breed: _____

Circle One: Male/Intact Male/Neutered Female/Spayed Female/Intact Color: _____

Birth Date/Approx. Age: _____ How long have you owned this pet? _____ Are Vaccinations Current? Yes No

Who is your pet's regular veterinarian? Dr. _____ Clinic Name: _____

Who referred your pet to our hospital? Dr. _____ 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 GCVS (any department) seen any of your pets in the past? Yes No If yes, which doctor(s) and which pet(s):

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

Would you like to receive information and updates from GCVS? (Please circle) Yes No

We are always looking for patient stories to share with our community! Please check here to give permission to use your pet's photo and/or story for social media, educational, print publications or related endeavors.

Yes, I am ok with Gulf Coast Veterinary Specialists sharing my pet's picture and story.

No, I would prefer not to share my pet's picture and story with Gulf Coast Veterinary Specialists.

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 partial payment 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 Wells Fargo Health Advantage 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 ask any of our front desk staff.

SIGNATURE OF RESPONSIBLE PARTY: _____ **DATE:** _____

(Must be over 18 years of age)



Surgery & Orthopedics • Internal Medicine • Oncology • Neurology & Neurosurgery • Critical Care
 Dentistry & Oral Surgery • Dermatology & Allergy • Avian & Exotics • Diagnostic Imaging
 Ophthalmology • Cardiology • Sports Medicine • Rehabilitation & Fitness • Nutrition

Alternate Communications

Your pet may have several different doctors during their stay. Each of our doctors utilize e-mail and text updates differently and some not at all, so it is hard to tell you how many e-mail or text updates you should expect on a daily basis. The updates by email/text DO NOT take the place of the daily update by phone that you will receive from your doctor. E-mail/texting messages are meant for brief and non-critical updates on your pet through the day. Please do not reply to text messages. **If you require urgent communication with your pet’s doctor, please call 713-693-1155 and ask to speak to your pet’s doctor. Do not use e-mail or text for urgent communication.**

Please circle your provider: Alltel AT&T CelluarOne US Cellular Metro PCS
 Sprint T-Mobile Verizon Virgin Mobile Cricket

By signing below, you agree to the conditions mentioned above regarding e-mail/text updates.
 (*Optional, but recommended)

Signed: _____ Date: _____

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, checks (with proper ID), and all major credit cards. 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.

We realize with extensive medical and surgical procedures, immediate full payment can be difficult for any family. In those circumstances you may wish to contact a third party with the financial resources and whose company objective is to loan cash for veterinary care. Wells Fargo Health Advantage Program will provide clients *who qualify* an immediate cash resource. This is basically instant credit like a credit card. Depending on the circumstances you may be able to repay this loan with no interest. If needed please ask and we will assist you with the paperwork.

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.

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: _____



*Surgery & Orthopedics • Internal Medicine • Oncology • Neurology & Neurosurgery • Critical Care
Dentistry & Oral Surgery • Dermatology & Allergy • Avian & Exotics • Diagnostic Imaging
Ophthalmology • Cardiology • Sports Medicine • Rehabilitation & Fitness • Nutrition*

Animal Bite Policy

In the event that your pet bites a staff member during the course of treatment, per Harris County regulations, your pet will be quarantined for a period of 10 days. GCVS charges a fee of \$12 per day for bite quarantine.

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: _____

(Please see next page)

TGCVS Privacy Practices Policy

This is a summary of our notice of privacy practices, which describes how medical information about your pet and personal information about you may be used and disclosed and how you can get access to this information. We will also provide you with a full version of this notice upon request.

Our Pledge to Protect Your Privacy:

Texas Gulf Coast Veterinary Specialists (TGCVS) is committed to protecting the privacy of your personal information and your pet's medical information. Your pet's care and treatment is recorded in a medical record. So that we can best meet your pet's needs, we share these medical records with the other veterinary health care providers involved in your pet's care, for example your referring veterinarian. We share you and your pet's information only to the extent necessary to ensure proper medical care, to conduct our business operations, to collect payment for services we provide, and to comply with the laws that govern veterinary health care. We will not use or disclose your information for any other purpose without your permission.

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PET'S MEDICAL INFORMATION:

- To inspect and obtain a copy of your pet's medical records, subject to certain limited exceptions;
- To add an addendum to or correct your pet's medical record;
- To request an account of TGCVS's disclosures of your pet's or your personal information;
- To request restrictions on certain uses or disclosures of your pet's medical information;
- To request that we communicate with you in a certain way or at a certain location; and
- To receive a copy of the full version of our Privacy Practices Notice.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR PET FOR THE FOLLOWING PURPOSES:

- To provide your pet with medical treatment and services;
- To bill and receive payment for the treatment and services you and your pet receive;
- For functions necessary to run TGCVS and assure that our patients receive quality care;
- To provide basic contact information and the dates your pet received services (no medical information is provided) to our administrative office for purposes of surveying for TGCVS;
- To support our research mission as an academic veterinary medical facility (for more detailed information please refer to the full Privacy Practices Notice); and
- As required or permitted by law.

THERE ARE ADDITIONAL SITUATIONS WHERE WE MAY DISCLOSE MEDICAL INFORMATION ABOUT YOUR PET WITHOUT YOUR AUTHORIZATION, SUCH AS:

- For public health activities (For example, reporting neglect or reactions to medications);
- To a health oversight agency, such as the Houston Department of Health and Human Services for infectious disease outbreaks;
- In response to a court or administrative order, subpoena, warrant or similar process; and
- To law enforcement official in certain limited circumstances.

Our Notice may be revised or updated from time to time. Please see our full Privacy Practices Notice for a more detailed description of our privacy practices, your rights regarding your pet's medical information and your pertinent contact information. For further information about the full Privacy Practices Notice, please contact one of our receptionists at 713-693-1155.

Client Signature

Date