



WELCOME TO OUR PRACTICE

DR. BALL * DR. SCHEMMER * DR. COOK * DR. RANDT

3560 TAMiami TRAIL NORTH, NAPLES, FL 34103 (239)262-3633 WWW.GULFSHOREANIMALHOSPITAL.COM

Thank you for giving us the opportunity to care for your pet. Please help us meet your expectations better by taking a moment to share some important information we will use to provide quality medical care for your pets today and in the future.

PLEASE PRINT IN ALL SPACES.

CLIENT'S NAME: _____ **DATE OF BIRTH:** _____
 ↑Your name↑

ADDRESS: _____ Apt # _____
 (To ensure proper identification, please print your home's **entire** physical address)

CITY: _____ **STATE:** _____ **ZIP:** _____

ALTERNATE/ SEASONAL ADDRESS: _____

HOME PHONE: _____ **CELL:** _____ **FAX:** _____

EMAIL ADDRESS: _____

EMPLOYER: _____ **WORK PHONE:** _____

Emergency Contact : _____ **Emergency Contact Phone Number:** _____

We will gladly prepare a written estimate if you desire (please ask our doctor or technician). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. Any account 30 days or more past due will be assessed a monthly interest charge of 1 ½% of the unpaid balance with the minimum fee of \$4.75. Additionally, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 30% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts. Please note, there will be a \$25.00 service charge for any check returned unpaid.

Name and Phone Number of all previous and/or seasonal veterinarian(s): _____

I give Gulfshore Animal Hospital permission to use my pet's photographs for social media and/or marketing purposes. YES NO

Signature of Responsible Agent for Pet(s) _____ **Date** _____

Do you currently use an Online or Local Pharmacy for your pets' medications? YES NO

Online Pharmacy _____ Phone/Fax #: _____

Local Pharmacy _____ Phone/Fax #: _____

How did you find us? _____

- Referral from client; Client Name: _____
- Referral: unknown name
- Location: drive by
- Internet
- Phone Book
- Other vet: _____
- Rescue organization: _____
- Employee: _____
- Other: _____

Patient Information: (continue on back of paper if needed)

Cat	Dog	Pet's Name	D.O.B./Age estimate	Sex? Spayed/neutered?	Pet Breed and Color
1				M / MN or F / FS	
2				M / MN or F / FS	