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: _____ ***SPOUSE/OTHER:*** _____

↑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:*** _____ ***DATE OF BIRTH:*** ____/____/_____

EMAIL ADDRESS: _____

EMPLOYER: _____ ***WORK PHONE***: _____

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

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

_____

We send reminders via email and text. If you do NOT wish to also be reminded with a phone call, please check this box. ☐

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	

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.

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