



WELCOME TO OUR PRACTICE

DR. DAVID BALL * DR. KIM SCHEMMER

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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** _____

ADDRESS _____ **Apt #** _____
(To insure 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** _____

SPOUSE/OTHER 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 1/2% 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.

Driver's License # _____ State Issued _____

Social Security # _____ **OR** Date of Birth _____

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites.

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

Name and Phone Number of all previous and/or seasonal veterinarian _____

How did you find us?

_____ Referral from client : Client Name: _____

_____ Referral: unknown name _____ Other vet: _____

_____ Location: drive by _____ Rescue organization: _____

_____ Employee _____ Internet _____

_____ Phone Book _____ Other: _____

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

Cat	Dog	Other	Pet's Name	D.O.B.	Sex? Spayed/neutered?	Pet Breed and Color