

GULF COAST HUMANE SOCIETY VETERINARY CLINIC

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GULF COAST HUMANE SOCIETY
SERVING SOUTHWEST FLORIDA
A NON-PROFIT ANIMAL WELFARE ORGANIZATION

Welcome to our Veterinary Practice!

Client Information

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Cell Phone _____ Alternative Phone _____

Patient's Information

Name _____ Species _____

Breed _____ Sex _____ Altered Yes No Age or Date of Birth _____

Medications _____

Consent for exam and or treatment:

I am the owner, or representative of the owner, of the animal presented and have the authority to execute this consent. I authorize the veterinarians and staff at the Gulf Coast Humane Society to administer authorized treatment to my pet.

Signature _____ Date _____

Clinic Use Only

Chart Number _____ Drivers License Scanned Yes No

Reason for exam _____

Temperature _____ Pulse _____ Respirations _____ Weight _____ Dental Grade _____

Additional Notes _____