



Gulf Coast Humane Society Veterinary Clinic
2010 Arcadia Street
Fort Myers, Florida 33916
Phone: (239) 332-2719
Fax: (239) 332-4391

Welcome to Our Practice

Client Information

Last Name _____ First Name _____ Middle _____
DL # _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____
Fax _____ E-mail _____

Patient Information

Name _____ Color _____
Species _____ Sex _____ Altered Y N
Breed _____ Age or D.O.B. _____

Is your pet current on **Heartworm** and **Flea** prevention Y N

Medications _____

Medical Conditions _____

Does your pet have a history of vaccine reactions Y N

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 the staff at the Gulf Coast Humane Society to administer treatment to my pet.

Signature _____

Printed Name _____

Date _____