

**CLIENT INFORMATION PLEASE WRITE CLEARLY**

GUPTON'S HOUSE VET 2813 Geo. Wash Blvd Wichita KS 67210 316-681-0515 Dr. Suzanne Harvey



Owner name: \_\_\_\_\_ date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone numbers: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: (for email updates and reminders): \_\_\_\_\_

**EMERGENCY CONTACT:** if we cannot contact you in an emergency:

\_\_\_\_\_ Phone for emergency contact: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Found us through phone book  internet  Facebook  friend

pet store  other  \_\_\_\_\_

**Reminder preference:** how do you want to be contacted? Where we may leave a message that you will receive?

Cell phone  home phone  email  text message  other  \_\_\_\_\_

**PET:** Name \_\_\_\_\_ Breed: \_\_\_\_\_ age/date of birth: \_\_\_\_\_

Dog  Cat  Rabbit  other  \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered Male  Female  spayed female

Microchip or tattoo: \_\_\_\_\_ (we will scan for a chip)

Where did you acquire your pet: pet store  breeder  advertisement

rescue/humane society  other  \_\_\_\_\_ Stray

Diet: Brand: \_\_\_\_\_ dry  canned  Table food

My pet is Strictly Indoor  Indoors and Outdoors  Outdoors

Exercise: Daily walks  fenced yard  acreage  no structured exercise

Does your pet visit: Groomer  boarding  day care  other  \_\_\_\_\_

Vaccinations: Current? (within the last 12 months) yes,  No  DATE of vaccinations \_\_\_\_\_

Veterinary clinic that vaccinated last: \_\_\_\_\_

**ANY VACCINATION REACTIONS?** \_\_\_\_\_

If not current on vaccinations, we require that your pet be updated for his/her protection. If your pet has evidence of fleas, we will treat with a Capstar (24-hour flea pill) at owner's expense.

Dogs	Yes	No	Date	Cats	Yes	No	date
DA2P-CPV/HDPP distemper-parvo combo				CVRC/FVRCP cat distemper			
Leptospirosis				FelV Leukemia			
Bordetella/kennel cough				Rabies 1 yr or 3 yr			
Rabies 1 yr or 3 yr				other			
Canine Flu vaccine							
Other							

Prior illness/surgeries/lifestyle	Yes	No	date	comments
Ear infections				
Itchy skin				
Diarrhea				
Appetite normal / same				
Water consumption normal; /same				
Weight gain or loss				
Vomiting				
Urination normal / same				
Food sensitivity				
Stiffness				
Lameness				
Difficulty rising				
Lethargic lays around not feeling good				
Cough				
Sneezing				
Exercise intolerance				
Anal sac impaction				
Seizures				
Diabetes				
Kidney disease				
Heartworm disease				
Intestinal parasites				
Professional dental cleaning				
Other please describe				

**Diagnostic Testing History: Please list any lab test your pet had had in the past year and the veterinary clinic where test was performed:**

**HEARTWORM TESTING**

Medications	Yes	No	Date last given	brand
Heartworm preventative				
Flea control				
Tick control				
Arthritis medication				
Heart medication				
Intestinal dewormer				
Other Include aspirin, vitamins, supplements				

Other Pets:

Name	Species dog/cat/rabbit/?	Age	How long owned

Gupton's House Vet is dedicated to promoting the human-animal bond through education, compassion and by offering the most comprehensive, low stress care available. Please help us provide the best care for your pet in indicating the services for which you would like more information:

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# Release Form Gupton's House Vet 2813 Geo Wash Blvd Wichita, KS

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency contact: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Patient Name: \_\_\_\_\_ Dog / Cat Male / Female Neutered/ Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age or Date of Birth: \_\_\_\_\_

Microchip number or Tattoo: \_\_\_\_\_

Main reason for admittance:  Dental Cleaning and polish  vaccination  other  spay / neuter

I understand, although all reasonable precautions and due care will be taken during treatment of my pet(s), there is always a potential risk in anesthesia. I accept these risks and authorize Gupton's House Vet to perform such treatment as seemed necessary. I further realize that I am responsible for payment of the procedures and treatments performed on my pet at the time he/she is discharged.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations and the final bill may be greater or less than these amounts. All services must be paid for when the pet is released. A non-refundable deposit of \$\_\_\_\_\_ (\_\_\_\_\_ USA Dollars) is required for surgical procedures such as spay, neuter, or dental procedures. Deposit will be applied to the cost of procedures for your pet. Deposit is forfeit if appointment is not kept (or a 72-hour notice is given prior to surgery day. Example: A Tuesday surgery needs to be cancelled or postponed before Saturday 8:30AM)

I hereby authorize and direct the veterinarian(s) and / or employees of Gupton's House Vet to perform the procedure(s) and additional diagnostic and / or treatment procedures as deemed advisable for my pet. The nature of the procedure(s) has/has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures. Gupton's House Vet will gladly prepare a written estimate if you desire. All Professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards. **WE DO NOT BILL.** Gupton's House Vet does not offer Care Credit or financing. Personal checks cannot be accepted without a valid Driver's License and Social Security Number on file.

Please understand that there is no such thing as "routine surgery". All surgery involves some risk. Anesthesia alone affects the animal's entire metabolic state. It is thus our goal to minimize that risk and provide your pet the best chance to recover completely from surgery. Our surgery suite is equipped with modern anesthesia and cardiac monitoring equipment. We use the safest anesthetic drugs available. Most animals receive intravenous fluids during anesthesia to provide cardiovascular support. Even with all of these precautions, there is still some risk to any surgical procedure. Please sign below stating that you have read the above and understand the risks involved with anesthesia and surgery, and that you give us permission to perform dental cleaning and polishing on your pet with extraction of teeth as described.

I understand that failure to pay will result in full collection effort being taken and I will be responsible for all collection costs, including, but not limited to: Court Costs, Serving by private processor or sheriff, and any other fees incurred.

\_\_\_\_\_ (Initial)

Gupton's House Vet offers veterinary care at reasonable prices. Our failure to enforce our financial policies would most definitely result in significantly increased costs of veterinary care. We sincerely hope you understand these policies. We are enforcing these policies in order to keep your veterinary medical expenses within reasonable limits.

**Statement of Acceptance:**

I have read the above referenced policies. I understand them completely and hereby give notice of my intention to fully adhere to their provisions

 Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a written authorization is required in order for the veterinarian to release copies of your pet's medical records-INCLUDING VACCINATION RECORDS. Written client consent or other waiver required in order to disclose information. No consent required if pursuant to a subpoena, court order, civil or criminal proceeding. Medical records released shall not contain any sensitive personal or financial information of the owner. Only medical treatment records shall be released.

### Authorization to Release Veterinary Records

**OWNER:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Pet Information:**  
Name: \_\_\_\_\_ Breed: \_\_\_\_\_

**Please include copies of:**

Vaccination Records     Exam Reports     Surgery Reports     Entire Medical Record

From: \_\_\_\_\_ To: \_\_\_\_\_ (Date range) OR  ALL

I hereby certify that I am the owner or authorized agent of the owner of the above-described pet. Further, I hereby request and authorize Gupta's House Vet veterinarian and/or staff to release the requested medical information for my pet to:

\_\_\_\_\_

OR to whom I request by my verbal request

OR to any veterinary clinic/hospital/veterinarian that asks

I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. This authorization does not expire unless I revoke it by written or verbal request.

I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

**OWNER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<i>For Staff Use Only</i>	Date	name/number	initial
Patient files requested on:	_____	by: _____	
Patient files reviewed by Veterinarian: on:	_____	by: _____	
Patient files were faxed on:	_____	to: _____	by: _____
Patient files were mailed on:	_____	to: _____	by: _____
Patient files were given to:	_____	on: _____	by: _____