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HEALTH HISTORY

Client's Name _____ Date _____

Pet's Name _____ Breed _____ Age/DOB _____ Sex _____ Neutered _____

How did you about us? _____

Referring Doctor/Practice Name: _____

When and where did you acquire your pet? _____

What age was your pet at the time? _____

How would you describe his/ her personality/ state of health at the time? _____

How would you describe his / her personality/ state of health since then? _____

Prefers warmth or Cold? Soft or hard surfaces? _____

How active/energetic is your pet? _____

Does he/she tire easily? If so does he/ she pant, have problems breathing? _____

What types of food do you feed? _____

Previous foods: _____

Additional foods or treats? How many/how often? _____

Food preferences: _____

Level of appetite and thirst: _____

What are the earliest symptoms you remember your pet experiencing? _____

Medications given and response to those medications? _____

Were there any vaccinations given prior to current symptoms? _____

If so, what type and when? _____

Specific medical diagnosis given to your pet: _____

Current medications: What and Why? _____

Vitamins and supplements: What and Why? _____

Are there any types of medical treatment that you specially wish to consider?

Ex: Acupuncture, herbs, homeopathy etc. _____

What are your general expectations for your pet's condition? Ex: Cure, better quality of life, longevity, fewer medications etc. _____

Any other comments?

Thank you for completing this questionnaire.

RESCHEDULING, CANCELLATION, AND PAYMENT POLICIES

A thorough medical history and evaluation of your pet takes time. It starts with the staff and doctor reviewing your chart and medical history *before* the appointment. If you ever felt a bit rushed in a traditional doctor's office before, our scheduling should appeal to you.

We reserve up to 1 ½ hours of the doctor's time for your appointment, longer than the typical conventional veterinary clinics, in order for the doctor to thoroughly evaluate your pet's history and symptoms.

Some appointment times are very popular and other chronically ill pets may have been declined because of the time scheduled for you. We respect your time and please respect ours. If you can't make your appointment, please let us know at least 24 hours in advance. That will allow us to schedule an appointment for another patient.

If you are *more than 15 minutes late* for your appointment, we will reschedule your appointment. Please call us at 941 312-6825 and we will be happy to reschedule for you.

We require a credit card on file for all of our clients. If you are a new client and miss your appointment or cancel with less than 24 hours notice you will be charged a non-refundable fee of \$155.00.

If you are an established client and miss your appointment or cancel with less than 24 hours notice you will be charged a non-refundable fee of \$99.50

For "no shows" we reserve the right not to reschedule your appointment.

All services and products rendered must be paid in full at the time of your appointment. Please sign below that you have been informed of these policies.

Welcome to our practice! We are happy to provide excellent customer service and a high quality standard of care for all our patients. 😊

Printed Name: _____ Date: _____

Name on Card: _____ Signature: _____

Credit Card #: _____ Exp.Date: _____

3 digit code: _____

We respect your privacy. This information is confidential and kept safe.

Bear Creek Veterinary Alternatives

Please tell us about yourself:

Owner's Name: _____

Owner's Address:

City State Zip

Home phone number: _____

Cell phone number: _____

Email address: _____

Referred by: _____