GAST ANIMAL HOSPITAL
258 N. 475 W.
VALPARAISO, IN 46385
(219)759-7387

Client Information

First Name:_____ Last Name: _____ Spouse: _____

Address: _____ City _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

Place of employment: _____ E-mail:_____
(please print)

Birthday: _____ License #: _____ Social Security #_____
(optional)

How did you hear about our hospital? _____

Patient Information

Pet's Name: _____ Dog or Cat Breed: _____ Date of Birth: _____

Color: _____ Male or Female Is your pet neutered/spayed? _____

Is your pet allergic to any medications? If so, briefly explain: _____

_____

Please provide a brief history of illness, if applicable: _____

_____

TREATMENT & PAYMENT POLICIES:

All pets presented to Gast Animal Hospital for veterinary care will be assessed by a veterinarian who will develop a treatment plan for your pet. You are responsible for all fees incurred in the care of your pet . **These fees are due upon release of your pet. In the event you are unable to pay for services received, you will be responsible for any unpaid balance, late fees, and attorney fees that this account will be charged.** Gast Animal Hospital is an outpatient clinic and provides veterinary care during scheduled operating hours, which may be subject to change. For the best service, appointments should be made in advance. If you have an emergency, please call our office immediately to ensure we are open and have a doctor available to see your pet. If you have an emergency after hours, please contact the closest emergency facility. Calumet Emergency Veterinary Clinic in Schererville, IN can be reached @ 219-865-0970 or North Central Emergency Clinic in Westville can be reached @ 866-785-7302 or 219-785-7300. If your pet requires hospitalization and monitoring, we are happy to provide daytime hospitalization. However, if your pet requires after hours care, we will transfer him/her to the emergency clinic of choice to further provide medical care. We are not affiliated financially with any emergency clinic or specialist in any way. Any question regarding payment policies or medical treatments provided by an outside provider must be addressed directly with them. In the event that we refer you to a specialist or ER facility for continued treatment, we will coordinate the transfer of information and records and may help set up an appointment for you.

I hereby certify that I have read and understand the above treatment and payment policies. I hereby authorize this doctor to administer treatments as well as preventative medicine to my pet as deemed necessary.

Signature of owner or responsible agent: _____ Date: _____ Emergency phone: _____