



**GAINESVILLE** | 7314 W. University Ave, Gainesville FL 32607  
**JACKSONVILLE** | 3444 Southside Blvd, Suite 103, Jacksonville FL 32216  
**ORANGE PARK** | 275 Corporate Way, Suite 100, Orange Park FL 32073

P 352.672.6718 F 352.333.9151  
P 904.646.1287 F 904.645.5585  
P 904.278.0287 F 904.278.5587

Name: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Place of Work: \_\_\_\_\_

**How did you hear about BluePearl?** Family Veterinarian    Word of Mouth    Radio    TV    Internet

**Patient Information**

Pet's Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Immunizations Current? Yes \_\_\_\_\_ No \_\_\_\_\_ Heartworm Medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Did you bring radiographs (x-rays) from your family veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Problem(s): \_\_\_\_\_

Current Prescription Medications: \_\_\_\_\_

**Referral Information**

Referring Veterinarian: \_\_\_\_\_

Name of Hospital/Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

I understand that I assume responsibility for all charges incurred in the care of my pet. ***I understand that the consultation fee is due at the time of service. I understand that a deposit of 75% of the upper end of the treatment estimate is required before the treatment of my pet.*** I also understand that the total bill must be paid in full at the time my pet is released from the hospital. Additionally, a photocopy of your driver license for your pet's medical record is required. A treatment estimate will be discussed with you and is based on your pet's clinical condition and treatment necessary. Accepted forms of payment include: Visa, MasterCard, American Express, Discover, Care Credit, and personal checks. We DO NOT accept business checks.

**I grant to BluePearl Veterinary Specialists, its representatives and employees the right to take photographs of my pet, and to copyright, use and publish the same in print and/or electronically.**

**I agree that BluePearl Veterinary Specialists may use such photographs of my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.**

\_\_\_\_\_(Initial) The above may take photos of my pet

\_\_\_\_\_(Initial) The above may NOT take photos of my pet

**Owner or Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_