

# GREATER CINCINNATI VETERINARY SPECIALISTS



## Welcome to our hospital!

We are honored that you have chosen to entrust us with the care of your pet.

Each of our Veterinary Specialists have successfully completed a minimum of 4 years post-doctoral residency training, study, and extensive testing *after* veterinary school. Only then have each of our doctors earned the distinction of board certification in their specialized fields. With more than 100 years' experience among them, GCVS Specialists and their highly experienced staff are here to help you find solutions for your pet's personal needs. **At GCVS, pets are not patients; they are family.**

**Dr. Joseph Bruner, Diplomate of the American College of Veterinary Internal Medicine,** is available for appointments on Mondays, Wednesdays and Fridays.

**Dr. Kay Allyson-Deal, Diplomate of the American College of Veterinary Internal Medicine,** is available for appointments on Tuesdays and Thursdays.

**Dr. Stephanie Bruner, Diplomate of the American College of Veterinary Dermatology,** is available for appointments on Tuesdays, Thursdays and Fridays.

**Dr. Susan Hodge, Diplomate of the American College of Veterinary Surgeons,** is available for appointments on Mondays and Wednesdays and performs scheduled surgical procedures on Tuesdays and Thursdays.

**Our Specialists' office hours are Monday through Friday 8:00am-6:00pm.** The specialists do not schedule appointments on Saturdays or Sundays. Our doctors return messages left on their voicemail or sent by email on their designated appointment days.

**We make every attempt to respect your time for our scheduled appointments, but emergencies do occur.** Many of our patients are referred to us because they are critically ill. The immediate needs of these pets may take precedence over scheduled appointments. We appreciate your understanding and apologize for any inconvenience.

Prescription refills may be requested by telephone or email. **Please allow 48 hours for your prescription refill requests to be processed, not including weekends and holidays.**

**If you have an after-hours emergency,** please call GCVS Emergency Services at the same telephone number.

**Greater Cincinnati Veterinary Specialists does not have a billing policy.** We accept cash, checks, Visa, MasterCard, Discover, American Express, and CareCredit. Payment is due in full at the time of your visit or after your pet's stay with us. Failure to pay in a timely manner will result in the account being turned over to a collections agency, and you will be responsible for all collection expenses incurred.

Thank you,

Greater Cincinnati Veterinary Specialists Doctors & Staff

Signature: \_\_\_\_\_

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



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## CLIENT INFORMATION

Owner's Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PATIENT INFORMATION

Pet's Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Circle One:    Male (Neutered)    Female (Spayed)    Male (Intact)    Female (Intact)

Please list any known drug allergies or reactions:

\_\_\_\_\_

Referring Veterinarian/ Veterinary Hospital: \_\_\_\_\_

## IMPORTANT, PLEASE READ:

I am the owner of the above pet, or acting as the agent for the owner, and accept full financial responsibility. I will be fully responsible for any and all collection costs of unpaid balance.

I give permission to proceed with any medical and/or surgical therapy as needed, discussed, and agreed upon with the doctor. I understand if any anesthetic procedure is agreed upon, there is always a risk, and I will discuss this with the doctor. I give permission to release my pet's medical record information to my primary veterinarian and allow all medical information to be shared with my veterinarian.

**IN ACCORDANCE WITH KENTUCKY STATE LAW, RECORDS MAY NOT BE SENT TO ANY VETERINARIAN/HOSPITAL OTHER THAN THAT LISTED ABOVE WITHOUT WRITTEN CONSENT OF THE OWNER.** Please be aware that we require 72 business hours to process these requests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_