



## GREATER CINCINNATI VETERINARY SPECIALISTS

Welcome to our practice! We are composed of two board-certified Veterinary Internists: **Dr. Joseph Bruner** who sees patients Mondays, Wednesdays, and Fridays and **Dr. Kay Allyson-Deal** who sees patients on Tuesdays & Thursdays. Our board-certified Veterinary Dermatologist, **Dr. Stephanie Bruner**, also sees patients on Tuesdays & Thursdays. Our board-certified Veterinary Surgeon, **Dr. Susan Hodge**, sees patients for appointments on Mondays & Wednesday, with Tuesdays & Thursdays for surgeries, and Fridays are reserved for emergencies.

Our office hours are Monday through Friday 8:00am – 6:00pm. The Specialists do not schedule appointments on Saturdays or Sundays. Doctors return their calls on their designated appointment days. If you have an after-hours emergency, please call the Emergency Services at the same number. The Specialists are available to consult with the Emergency Service, as deemed appropriate by the Emergency Veterinarian on duty. **The Emergency Services cannot refill medications for you. Please allow 48 hours for your prescription refill request to be processed; this does not include weekends and holidays.**

Greater Cincinnati Veterinary Specialists **does not** have a billing policy. We accept cash, checks, which are electronically submitted through Telecheck, Visa, MasterCard, Discover and American Express. We also offer 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.**

We make every attempt to stay on time for our scheduled appointments, but emergencies do occur. Many of our patients are referred to us because they are critically ill. These pets' immediate needs may take precedence over scheduled appointments. We appreciate your understanding and apologize for any inconvenience. Our chief concern is the health and well-being of our furry companions, including your special furry friend.

Thank you,

Greater Cincinnati Veterinary Specialists  
Doctors & Staff

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



# GREATER CINCINNATI VETERINARY SPECIALISTS

## CLIENT INFORMATION

OWNER'S NAME: \_\_\_\_\_ CO-OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

May we call you at work? YES / NO

## PATIENT INFORMATION

PATIENT'S NAME: \_\_\_\_\_

SPECIES: CAT / DOG      SEX: MALE / FEMALE      SPAYED/NEUTERED: YES / NO

DOB: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR(S): \_\_\_\_\_

Please list any drug allergies or reactions: \_\_\_\_\_  
\_\_\_\_\_

REFERRING VETERINARIAN: \_\_\_\_\_ CLINIC: \_\_\_\_\_

### 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 any 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, that there is always a risk and I will discuss this with the doctor.* I give permission to release my pet's medical information to my primary care veterinarian and allow all medical information to be shared with my veterinarian. **Requests for records to be sent to any other veterinarian not listed above must be submitted in writing and will be sent within 72 business hours in accordance with a Kentucky state law.**

**Payment is expected when services are rendered.  
There is NO billing policy available.**

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_