

PARK ANIMAL HOSPITAL
PLEASE COMPLETE ALL INFORMATION

Please present your driver's license or ID to the receptionist to copy and place on file in your chart.
(Your address may not be a P.O. Box – it must be a physical address)

Date: _____
First Name: _____ Last Name: _____
Address: _____ Apt: _____ City _____ State: _____ Zip _____
Phone No. _____ Cell No. _____
Employer: _____ ***If self employed you MUST write the name of your business***
Position: _____ Work No. _____ Social Security No. _____

Spouse:
First Name: _____ Last Name: _____
Address: _____ Apt: _____ City _____ State: _____ Zip _____
Phone No. _____ Cell No. _____
Employer: _____ ***If self employed you MUST write the name of your business***
Position: _____ Work No. _____ Social Security No. _____

PLEASE INITIAL THE FOLLOWING:

- _____ I authorize Park Animal Hospital to care/diagnose/treat my pet
- _____ I here by agree to be financially responsible for any and all charges incurred at Park Animal Hospital
- _____ I understand that **payment is due at the time services are rendered.**
- _____ I understand that emergencies, surgeries, and anticipated large bills ***will require a deposit***
- _____ I understand that Park Animal Hospital ***does not accept*** the following: **Checks for OVER \$100.00, Business checks, Out of state checks, American Express**
- _____ I understand that a **\$25.00 fee** will be charged for any check returned unpaid by my bank. I also understand that Park Animal Hospital **does not re-submit returned checks** and that if not paid with either cash or credit card with in **10-days** from the date returned that the check will be turned over to the **District Attorney's** office for legal action.
- _____ I understand that Park Animal Hospital does not do any billing. However they do offer CareCredit on approved credit.
- _____ I agree to allow Park Animal Hospital to place my pet's photo in their website photo gallery

I was referred to Park Animal Hospital (check one)
 Drive by Sprint Yellow Pages Henderson Yellow Pages Internet
 Other clinic _____
 Client referral – please tell us their name so that we may send them a Thank you!

Signature

Receptionist Witness

YOUR PET'S INFORMATION:

Pet #1

Name: _____ Birthdate: _____

Species: _____ Breed: _____

Color: _____ Spayed/Neutered Yes No

Where did you purchase your pet from?: _____

Vaccine History: Where given: _____

Dates of Last Vaccines: _____

Current diet: _____

Any other health history we should be aware of: _____

Pet #2

Name: _____ Birthdate: _____

Species: _____ Breed: _____

Color: _____ Spayed/Neutered Yes No

Where did you purchase your pet from?: _____

Vaccine History: Where given: _____

Dates of Last Vaccines: _____

Current diet: _____

Any other health history we should be aware of: _____

Pet #3

Name: _____ Birthdate: _____

Species: _____ Breed: _____

Color: _____ Spayed/Neutered Yes No

Where did you purchase your pet from?: _____

Vaccine History: Where given: _____

Dates of Last Vaccines: _____

Current diet: _____

Any other health history we should be aware of: _____
