

PARKWAY ANIMAL HOSPITAL

Welcome to our practice! Thank you for giving us the opportunity to care for your pet. Please help us by taking a moment to share some important information that we need to support your pet's needs.

CLIENT INFO

Name _____ Spouse/Other's Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Social Security # _____
 Employer _____ Work Phone _____
 Spouse/Other's Work _____ Work Phone _____
 How/Why did you select us? _____ Yellow Pages/phone call _____ location _____ other (specify) _____
 _____ referral - who we may thank? _____

PET INFO

Pet Name(s)	Species (Dog, Cat, etc.)	Breed	Birth date/Age	Sex M or F	Neutered or Spayed	Color (s)	Current Medications	If done elsewhere, date of last known vaccination
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Our mission is to deliver the finest treatment possible today, performed to your satisfaction.

- ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept cash, checks, MasterCard, Visa, Discover, or we have a monthly payment plan called Care Credit which must be approved IN ADVANCE of treatment. We will gladly prepare a written estimate prior to treatment if you desire.
- Clients are responsible for a \$25.00 service charge on any check returned unpaid, as well as any other collection fees incurred.
- To prevent the spread of infectious diseases, all hospitalized and boarded pets are REQUIRED to be current on all vaccines and free from internal and external parasites.
- For your pet's safety, we require that all pets be restrained by a leash or stay in a carrier.
- We offer our services by appointment, so please phone for available times.

I understand the above statements and authorize Parkway Animal Hospital to care for my pet. I am the agent responsible for the charges assessed on the discharge invoice.

Signature _____ **Date** _____

For Office Use Only

Client # _____

Date Added _____