

Parkway Animal Hospital

Welcome to our practice! Please take a moment to fill out this form with your contact information.

Your name Spouse/other's name (optional)

Primary phone number home cell work Alternate phone number home cell work

Street address City State Zip

Social security # or driver's license # (with state) Email address

How did you choose us? If you were referred, whom may we thank?

Please list all the pets in your household. (Use the back of this form, if you need more space.)

Name	Breed	Age	Sex (M/F)	Neutered/spayed?	Previous Vet

Allergen note: We may give treats containing peanut butter, dairy, or gluten. Do you or your pet have food allergies? no yes:

Social media note: If your pet has their own social media account, please list it here so we can follow them!

May we post pictures of your pet on [facebook.com/parkwayanimalhosp](https://www.facebook.com/parkwayanimalhosp) and/or [instagram.com/parkwaypetvet](https://www.instagram.com/parkwaypetvet)? yes no

By signing below:

- You authorize Parkway Animal Hospital to examine, treat, or prescribe for your pet. You also permit us to contact you for issues pertaining to the health of your pet.
- You authorize Parkway Animal Hospital to release medical information about your pets as necessary, as to another veterinary clinic, boarding kennel, or grooming facility. You further permit us to request medical information from previous clinics.
- You assume responsibility for all charges incurred in the care of your pet today. You understand that you may ask for a verbal or written estimate prior to treatment, and ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We accept cash, checks, Mastercard, Visa, Discover, and CareCredit. Any check returned unpaid is subject to a \$25 service charge, as well as any other collection fees incurred.

Thank you for entrusting your pet's care to us! Signature of owner or agent Date

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FOR OFFICE USE ONLY: Client # Date added