



Welcome to

# PARK ANIMAL HOSPITAL

Primary Client: \_\_\_\_\_ Secondary Client: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

*\*\*Email correspondence is used to remind you of scheduled appointments and when services are due (ie: annual exam, vaccines)*

Primary Client Birthdate (MM/ DD/ YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Required to dispense medication)

Whom may we thank for your referral?  Family/ Friend- Name? \_\_\_\_\_

Yelp  Online- Website? \_\_\_\_\_  Other: \_\_\_\_\_

**FULL PAYMENT IS DUE AT THE TIME OF SERVICES - WE DO NOT ACCEPT PARTIAL PAYMENTS.**

We accept **CASH, DEBIT, AMERICAN EXPRESS, DISCOVER, MASTERCARD, VISA, and CARE CREDIT.** Should your account become delinquent and you are sent to collections, you will be responsible for all collection fees.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice. If you have any questions regarding this, please ask the receptionist.

Signature or Responsible Agent for the Pet(s) \_\_\_\_\_ Date \_\_\_\_\_



Cat	Dog	Pet's Name	Approximate age or Date of Birth	Male or Female? Neutered or Spayed?	Breed(s) & Color