

Park Animal Hospital & Wellness Center - Client Information Sheet



Client Name: _____

Address: _____ City: _____ St: _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Email address: _____

Co-Owner's name _____

- Spouse Sig. Other Relative Friend Other

Address: _____ City: _____ St: _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Email address: _____

We use email to send reminders about your pet's health and our practice. Is this a good way to contact you? Yes No If no, what method would you prefer? _____

In case of emergency, please contact _____ Phone: _____

How did you hear about us? (Please list sources if possible)

- Online Search _____ Veterinary Referral _____ Personal Referral _____
 Newspaper Ad _____ Magazine Ad _____ Facebook _____
 Drove by/Walk by _____ Website _____ Other _____

Financial Policy

Our mission is to provide exceptional veterinary care with a compassionate touch at a moderate price.

Park Animal Hospital & Wellness Center requires payment in full when services are performed.

Payment Options

- Cash, Check, Debit, Visa, MasterCard or Discover Card
- For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

Additional Financial Policy Information

- Hospitalizations require a deposit prior to beginning your pet's treatment.
- Park Animal Hospital & Wellness Center charges a fee for all returned checks.
- A driver's license is required when submitting payment with a check.

By signing below, you agree to the preceding terms of our financial policy and are at least 18 years of age:

_____ Client /Owner Signature _____ Date

_____ Print Name

Pet Information Sheet

Please list pets below

1.) Pet Name: _____ Species: _____
Breed: _____ Color: _____
Age/Birth date: _____ Sex: Male/Neutered Male Female/ Spayed Female
Briefly discuss any medical or behavioral issues we should be aware of: _____

2.) Pet Name: _____ Species: _____
Breed: _____ Color: _____
Age/Birth date: _____ Sex: Male/Neutered Male Female/ Spayed Female
Briefly discuss any medical or behavioral issues we should be aware of: _____

3.) Pet Name: _____ Species: _____
Breed: _____ Color: _____
Age/Birth date: _____ Sex: Male/Neutered Male Female/ Spayed Female
Briefly discuss any medical or behavioral issues we should be aware of: _____

4.) Pet Name: _____ Species: _____
Breed: _____ Color: _____
Age/Birth date: _____ Sex: Male/Neutered Male Female/ Spayed Female
Briefly discuss any medical or behavioral issues we should be aware of: _____

5.) Pet Name: _____ Species: _____
Breed: _____ Color: _____
Age/Birth date: _____ Sex: Male/Neutered Male Female/ Spayed Female
Briefly discuss any medical or behavioral issues we should be aware of: _____
