

## Parkway Veterinary Hospital

Thank you for giving us the opportunity to care for your pet. Please help us to meet your needs better by taking a few moments to fill out this updated information sheet.

**Professional fees are due at the time services are rendered. We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Checks will not be accepted without a valid driver's license.**

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

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

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse Cell phone \_\_\_\_\_

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

Driver's License (required if paying by check): \_\_\_\_\_

Employer's Name/Address: \_\_\_\_\_

Spouse's Employer's Name/Address: \_\_\_\_\_

In case of Emergency, please call: \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ (driver's license needed) Credit Card \_\_\_\_\_

Bank Name: \_\_\_\_\_

*To help prevent the spread of infectious and parasitic diseases, ALL animals staying in the hospital must be current on all vaccinations and free of parasites. I authorize Parkway Veterinary Hospital to provide vaccinations and parasite control as needed for my pet (s).*

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize parkway veterinary Hospital to receive, prescribe for, treat, or perform surgery upon my pet(s) listed in my file. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. In the unlikely event that collection efforts become necessary, I agree to pay for all reasonable collections cost involved.

Signature \_\_\_\_\_ Date \_\_\_\_\_