

# Parkway Veterinary Hospital

## *Client and Patient Information*

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 information sheet.

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Employer Name: \_\_\_\_\_

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

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Card \_\_\_\_\_

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

Name of previous or current veterinarian: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

To help prevent the spread of infectious and parasitic diseases, ALL animals staying in the hospital must have a current rabies vaccine and be free of parasites. I authorize Parkway Veterinary Hospital to provide vaccines 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, treat, or perform surgery upon my pets 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 costs involved. Please note that a 1.5% monthly interest fee will be assessed to all balances over 30 days past due.

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

For Office Use: Update Address/Contact Info

Date/Initials: \_\_\_\_\_