

# 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 both pages of this information sheet.

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone/Name: (\_\_\_\_) \_\_\_\_\_

Spouse/Other Cell Phone/Name: (\_\_\_\_) \_\_\_\_\_

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

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

In case of emergency, please call: Phone/Name: \_\_\_\_\_

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

Driver's License # (if paying by check): \_\_\_\_\_ 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 that 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 and/or perform surgery upon the pets listed in my file. Furthermore, I agree to pay fees for services rendered at the time my pet is discharged from the hospital or when the service is otherwise terminated. In the unlikely event that collection efforts become necessary, I agree to pay the \$20.00 collection cost. 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 Only:

Address/Contact Info Update

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

## Pet Medical History

	Pet 1	Pet 2	Pet 3
Pet's Name			
Species (dog/cat/other)			
Breed			
Color			
Date of Birth (or est. age)			
Length of Time Owned			
Sex			
Spayed or Neutered			
Name of Pet Food			
Treats/Supplements			
Flea Products Used			
Heartworm Preventative			
Indoor/Outdoor/Both			
Length of time outdoors			

Vaccinations/Tests	Pet 1	Pet 2	Pet 3
Canine DHPP			
Canine Lyme			
Canine Lepto			
Canine Heartworm Test			
Canine/Feline Rabies			
Feline FVRCP			
Feline Leukemia			
Feline FELV/FIV test			
Fecal Test			
Recent Bloodwork			

Any pertinent medical history, prior illness, surgery, etc:

---



---



---



---



---



---



---



---