

# Patient/Client Information

Welcome to Parkview Animal Hospital. Please help us provide your pet with the best care possible by completing the information on this form.



Owner's Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Spouse/Other Employer Name & Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*We will gladly prepare a written estimate if you so desire. Please ask the doctor prior to any services. Professional fees are due at time services are rendered.*

Name of previous veterinarian: \_\_\_\_\_

How did you hear about our hospital?

- Individual, someone we may thank?
- Yellow pages
- Hospital Sign
- Website
- Facebook
- Google search

Do we have permission to post pictures of your pet(s) on social media?  Yes  No

Do you consent to your clinical records being shared with third parties upon request? This may include, but is not limited to groomers, insurance companies and referral clinics.  Yes  No

*To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.*

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 this hospital to receive, prescribe for, treat or perform surgery upon my pet(s). Furthermore, I agree to pay fees for services rendered at the time my pet is discharged from the hospital or the service is otherwise terminated.

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

# Pet Information

Please fill out for all your pets!

Pet 1:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat/dog) \_\_\_\_\_ Breed: \_\_\_\_\_

Color \_\_\_\_\_ Weight: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your pet have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

Vaccine History: \_\_\_\_\_

\_\_\_\_\_

Pet 2:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat/dog) \_\_\_\_\_ Breed: \_\_\_\_\_

Color \_\_\_\_\_ Weight: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your pet have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

Vaccine History: \_\_\_\_\_

\_\_\_\_\_

Pet 3:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat/dog) \_\_\_\_\_ Breed: \_\_\_\_\_

Color \_\_\_\_\_ Weight: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your pet have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

Vaccine History: \_\_\_\_\_

\_\_\_\_\_