

# ParkView Animal Hospital Client & Patient Registration Form

Owner's Name:

Co-Owner's Name:

Street Address:

City:

State:

Zip:

Owner's Phone:

Co-Owner's Phone:

Email:

Preferred Contact: (circle one) Owner or Co-Owner or No Preference

Referred by: (circle one) Internet search or Clinic Sign or Friend

If a friend referred you please provide their first and last name here so we can make sure they receive their \$8 referral credit:

Is there another Veterinarian we can contact for previous medical records?

Records can be sent to [parkviewanimal@yahoo.com](mailto:parkviewanimal@yahoo.com)

Pet's Name:

Breed:

Species: Canine or Feline

Color:

Male or Female

Is your pet neutered or spayed? Yes or No

Date of Birth or Estimated Age:

Microchip:

Vaccine History: None or Unknown or See Previous Records

Has your pet had a rabies vaccine? Yes or No Date of last rabies vaccine if known:

Does your pet have any history of aggression? Does your pet mind having their nails trimmed?

Current or previous medical conditions/surgeries/known allergies?

# Client & Patient Registration Form

## Additional Pets

Pet's Name:

Breed:

Species: Canine or Feline

Color:

Male or Female

Is your pet neutered or spayed? Yes or No

Date of Birth or Estimated Age:

Microchip:

Vaccine History: None or Unknown or See Previous Records

Has your pet ever had a rabies vaccine? Yes or No Date of last rabies vaccine if known:

Does your pet have any history of aggression? Does your pet mind having their nails trimmed?

Current or previous medical conditions/surgeries/known allergies?

Pet's Name:

Breed:

Species: Canine or Feline

Color:

Male or Female

Is your pet neutered or spayed? Yes or No

Date of Birth or Estimated Age:

Microchip:

Vaccine History: None or Unknown or See Previous Records

Has your pet ever had a rabies vaccine? Yes or No Date of last rabies vaccine if known:

Does your pet have any history of aggression? Does your pet mind having their nails trimmed?

Current or previous medical conditions/surgeries/known allergies?

- I consent to ParkView Animal Hospital posting pictures of my pet(s) on their webpage and/or Facebook.  Yes  No
- All vaccine and due services reminders are sent by email or text, do you consent to receive these reminders?  Yes  No
- I understand that if I do not cancel any appointment at least 24 hours prior to the appointment time I will be charged a \$65 no-show fee.

Initial: \_\_\_\_\_

- I understand prescription refills must be called in at least one business day prior to pickup and online prescription requests may not be approved for at least two business days.

Initial: \_\_\_\_\_

- I understand that by law my pet(s) must have an established and up-to-date client/patient/doctor relationship to receive medication or prescription food refills, vaccinations, labwork, or medical advice. This means that my pet must be seen by a DVM at ParkView Animal Hospital at least once per year.

Initial: \_\_\_\_\_

- I understand that it is my responsibility to notify ParkView Animal Hospital of any changes in residence, contact information, or ownership.

Initial: \_\_\_\_\_

I authorize the staff of ParkView Animal Hospital to render treatment to my pet(s) while in the hospital. I understand that in the event of any unusual or emergency circumstances the staff will make every possible attempt to contact me, if time permits, before treatment. I also understand the charges incurred are to be paid in full at the time of service and a deposit may be required prior to hospitalization.

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Printed Name

Signature

Date

Payment types accepted at ParkView Animal Hospital: Debit cards, all major credit cards (Visa, Mastercard, Discover, and American Express), CareCredit, cash, and checks. Cardholders must be present or have a credit card pre-authorization form on file.