



**Park  
Vet Hospital**

# CLIENT & PATIENT INFORMATION SHEET

Thank you for giving **PARK VET HOSPITAL** the opportunity to care for your pet.  
So that we may best serve you, please complete the following:

**Please Print**

**Owner #1:** \_\_\_\_\_  
Title First M.I. Last Name

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

**Owner #2:** \_\_\_\_\_  
Title First M.I. Last Name

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

Children: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street City

County State Zip Code

Residence Phone(S): \_\_\_\_\_ FAX: \_\_\_\_\_

**Owner #1** Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager/Other: \_\_\_\_\_  
If necessary, may we call you at work? YES NO

Driver's License # \_\_\_\_\_ State issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Owner #2** Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager/Other: \_\_\_\_\_  
If necessary, may we call you at work? YES NO

Driver's License # \_\_\_\_\_ State issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

How did you become aware of our hospital? Please check all that apply.

Hospital Sign Website Search Engine \_\_\_\_\_ Other \_\_\_\_\_

Personal Recommendation – Whom may we thank? \_\_\_\_\_

Office use:	Account # _____
Date: _____	Initials: ___ Scanned: ___ Patient History (PH) Scanned: ___ PH entered: ___ NCTY: ___
Qcard: ___	DVM : ___ Apt Date: _____ Owner #: _____ P: _____ PG: ___ Reason _____

**(OVER)**

**PET INFORMATION**

Please fill in the appropriate information for each pet you own.

	<b>PET #1</b>	<b>PET #2</b>	<b>PET #3</b>
Name			
Sex			
Spayed or Neutered?			
Date of Birth			
Age when obtained			
SPECIES: Cat, Dog, Other			
Breed			
Color			
Obtained from & when			
LIFESTYLE: Indoor or Indoor /Out			
MICROCHIPPED?			
ON HEARTWORM PREVENTION?			
ON SYSTEMIC FLEA CONTROL?			

Previous veterinarian(s) where records could be obtained \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list, per pet, any prior illnesses or surgeries we should know about: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list, per pet, any known drug or vaccine allergies: \_\_\_\_\_

\_\_\_\_\_

Are any of your pets currently on a special diet or medication? YES NO If yes then please list:

\_\_\_\_\_

**I, THE UNDERSIGNED, 1) ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET(S), AGREEING THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR TREATMENT; AND 2) GIVE PERMISSION FOR RELEASE OF MY PET'S MEDICAL RECORDS FROM THE ABOVE-LISTED VETERINARIAN.**

I authorize the following individuals to present the above-named, and any future pets, for treatment.

Name	Relationship
_____	_____
_____	_____
_____	_____

Owner #1 Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Owner #2 Signature \_\_\_\_\_

Today's Date \_\_\_\_\_