

## Welcome to Parkdale Animal Hospital

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

E-Mail Address (it will be used for communications from Parkdale, reminders for your pets and will never be sold) \_\_\_\_\_

Driver's License State/Number (required to write a check) \_\_\_\_\_

Other people (friends, family, pet-sitter) with permission to authorize treatment for your pet \_\_\_\_\_

How did you hear about us (whom may we thank for the referral?)  
\_\_\_\_\_

Please answer the following questions:

**1)** Is anyone in your home allergic to latex? **Yes or No**

**2)** Is anyone in your home immunocompromised (HIV, cancer, organ transplant, etc)? This information will allow us tailor recommendations for your pet(s). **Yes or No**

**3)** Does the person who will be giving your pet medication have any drug allergies? If yes, what is that person allergic to?

**No or Yes** \_\_\_\_\_

| Pet's Name | Dog or Cat | Breed | Color | Gender           | Spayed/<br>Neutered | Date of<br>Birth |
|------------|------------|-------|-------|------------------|---------------------|------------------|
|            | Dog / Cat  |       |       | Male /<br>Female | Yes / No            |                  |
|            | Dog / Cat  |       |       | Male /<br>Female | Yes / No            |                  |
|            | Dog / Cat  |       |       | Male /<br>Female | Yes / No            |                  |
|            | Dog / Cat  |       |       | Male /<br>Female | Yes / No            |                  |



\* I authorize the doctor(s) and staff of Parkdale Animal Hospital to provide services (medical, surgical, lodging) for my pet(s).

\* I agree to pay the bill in full at the time services are rendered.

\* If my account goes into collections, I agree to pay all collection, legal, court and any other associated fees.

\* I agree Parkdale Animal Hospital may take pictures and/or videos of my pet for continuing education, medical publications, promotion, etc. These images will have no identifying information about me or my family associated with them. They may contain my pet's name. I will claim no ownership of or authority over said images.

\* I understand that veterinary medicine is not an exact science and no guarantee can ever be given for an outcome concerning my pet's health.

Client Signature:

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