



**VICTORIA PARK ANIMAL HOSPITAL
CLIENT/PET INFORMATION SHEET**

Owner's Name: _____ / _____
First Name Last Name MI Spouse/other

Address: _____ APT# _____
Street City State Zip

Phone#s: Cell _____ Home: _____ Spouse/Other phone# _____

Your E-mail is for Pet portal and Hospital Communications:

Your Pet Portal displays your pet's vaccine history and current medications, with links to pet health information in Care Guides. You can also request appointments, post pet pictures, and set up emails alerting you to give your pet medications. You will also receive emails on Specials and Informative information.

Your Email: _____ (please only put if ok to receive emails)

Pet's Name: _____ **Dog or Cat:** _____ **Breed:** _____

Color: _____ **Sex:** ____M ____ Neutered / ____F ____ Spayed

Birth Date: _____ or Age _____

Pet's Name: _____ **Dog or Cat:** _____ **Breed:** _____

Color: _____ **Sex:** ____M ____ Neutered / ____F ____ Spayed

Birth Date: _____ or Age _____

How did you become aware of our clinic? Circle one: Friends Name

Other Vet clinic name or Phone# to call for records: _____

Payment is expected as services are rendered. For your convenience, we accept the following forms of payment: ****We do not accept Checks****

• Cash • Debit • Major credit cards

Card must be in your name or used as a debit, photo ID required for credit, we do not take credit card information over the phone!!

Please write your Driver's License # _____

I, the undersigned, assume financial responsibility as stated above, I have read, understand, and agree to this Financial Policy.

Signature _____ **Date:** _____