



New Client Information

Client's Last name: _____ Client's First Name: _____

Spouse/Acting Agent: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____ Primary Phone #: _____

Alternate Phone #: _____

*Email: _____

*Email addresses are only used for important hospital communications and reminders. We will never supply your email address or any other contact information to any third party company, and will do everything in our power to keep your information confidential and safe.

Referral Information

How did you become aware of our hospital? Sign/Drive by Advertisement Internet

Client Referral: _____ Other: _____

Patient Information

Pet's Name: _____

Species: Canine Feline Avian Small Animal Reptile Other: _____

Breed: _____ Color: _____ Age/Birthdate: _____

Sex: Male Female Spayed/Neutered? Yes No Undetermined

Last vaccines (when) _____ Where? _____

Pet's Name: _____

Species: Canine Feline Avian Small Animal Reptile Other: _____

Breed: _____ Color: _____ Age/Birthdate: _____

Sex: Male Female Spayed/Neutered? Yes No Undetermined

Last vaccines (when) _____ Where? _____

Pet's Name: _____

Species: Canine Feline Avian Small Animal Reptile Other: _____

Breed: _____ Color: _____ Age/Birthdate: _____

Sex: Male Female Spayed/Neutered? Yes No Undetermined

Last vaccines (when) _____ Where? _____

*****Please initial and sign our Hospital Policy on the back side of this form.*****

PARK AVENUE ANIMAL HOSPITAL

HOSPITAL POLICY

Thank you for choosing Park Avenue Animal Hospital for the care of your pet. We are proud to provide the highest standards of veterinary care available to maintain the quality of life your pet deserves. In order to serve you and your pet(s) to the best of our abilities, **please review this statement of hospital policy, initial next to each section, and sign below.**

_____ Office hours are by appointment only. If you bring your pet in without an appointment, you may be asked to wait until an open appointment is available, or to leave your pet in our care until a doctor is available, unless the situation is considered an emergency.

_____ For the safety of everyone's pets, no animal shall be accepted into Park Avenue Animal Hospital for boarding, bathing, hospitalization, or any situation where the animal is required to stay for any amount of time beyond a standard appointment, without record of appropriate vaccination. Vaccinations for dogs include Rabies, DA2PP (Distemper), Influenza, and Bordetella (Canine Cough). Vaccinations for cats include Rabies and FVRCP (Distemper). If these vaccinations are due at the time a patient is required to stay in our facility, your signature authorizes our doctors to bring any vaccinations up to date that may be due at the time of your pet's arrival. Rabies vaccinations are required for any grooming tech appointments. (Nail trims, anal gland expressions, ear cleanings, etc.)

_____ When leaving your pet at our facility for any reason (dropping off for an exam, boarding, surgery, etc) please allow 10-15 minutes so that we may process the appropriate paperwork. You may also be asked to wait to speak with a doctor or technician, depending on the situation. For major surgeries, a deposit may be required before taking in your pet.

_____ Our facility is not set up for billing. 100% Payment is due at the time services are rendered. For your convenience, we accept Visa, MasterCard, Discover, and debit, as well as cash and check. ***We do NOT currently accept American Express or CareCredit.*** To prevent over drafting and insufficient fund fees, checks are processed while you wait, using our electronic check verification system. Please be prepared to offer a secondary form of payment, should your primary method of payment be declined.

By signing below you verify that you have read, understand, and do agree to terms listed above. Your signature authorizes Park Avenue Animal Hospital and its doctors to provide veterinary care to the animal or animals listed on your original client registration form, and additional animals that may be added to your account in the future.

Client Signature/Acting Agent

Date

Printed Name

Park Avenue Employee Initials/Date