



PARKWAY ANIMAL HOSPITAL

CLIENT INFORMATION



Account # _____

Responsible Party

Last Name: _____ First: _____ MI: _____

Street Address: _____
(City) (State) (Zip)

Mailing Address: _____
(City) (State) (Zip)

Home phone: _____ Work Phone: _____ Cell: _____

Drivers License: _____ State: _____ / E-Mail Address: _____

Employer: _____ Phone: _____

Address: _____
(City) (State) (Zip)

Other Responsible Party

Last Name: _____ First: _____ MI: _____

Street Address: _____
(City) (State) (Zip)

Home phone: _____ Work Phone: _____ Cell: _____

Drivers License: _____ State: _____

Employer: _____ Phone: _____

Address: _____
(City) (State) (Zip)

Emergency Contact (Not the same as above)

Last Name: _____ First: _____ MI: _____

Phone: _____ Relationship: _____

Professional fees are due when services are rendered. We accept cash, checks, VISA, MasterCard, Discover and Care Credit. I understand that I assume responsibility for all charges, past and present, incurred in the care of my animal(s) and they will be paid at the time of release. I also understand that a deposit may be required for surgical treatment or hospitalization. I realize that if my account is not paid in full it will be charged interest at the rate of 18% annually (\$0.50 min). Accounts sent to collections will be subject to a minimum fee of 30.00. There is a return check fee of \$35.

Signature: _____ Date: _____

Signature: _____ Date: _____



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	Names of Pet(s)	Species	Age	Breed
1.				
2.				
3.				
4.				

Policies

Please read through our current hospital policies and initial

Photograph

I agree Parkway Animal Hospital may take pictures and/or videos of my pet for continuing education, medical publications, promotion, social media, 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.

No Shows & Late Cancellation Fees

I understand that Parkway Animal hospital requires a 24 hour advanced notice for changes in your scheduled exam. With the 1st missed appointment our staff will call to ensure the well being of you and your pet in addition to rescheduling your exam. Additional missed exams and late cancellations may result in a \$50.00 fee or upfront payment of exam fees.

Emergency and After Hours

Parkway Animal Hospital provides consultation and or care for our current clients, if we have not seen the patient or if your family has not visited the clinic within the last 3 years an emergency client reinstatement fee will apply.

How did you hear about us?

Phone book / Online / AAHA Referral / Hospital Sign / Referral: _____ / Other: _____