



**NEW CLIENT FORM**

Parkland Veterinary Hospital

**Welcome!** Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

Owner \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/St \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ (For Emergency Contact)

Cell Phone # \_\_\_\_\_ Place of Employment \_\_\_\_\_ (For Emergency Contact)

E-Mail Address \_\_\_\_\_

**Alternate Emergency Contact Person:** Name \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about us?

- Website  Facebook  Google Search/Maps  Postcard/Mailer  Magazine Newspaper  Walk-in/Road Sign
- Referral (friend/family/employee)  Event  Billboard/Poster  Other (please specify) \_\_\_\_\_
- Were you referred by one of our clients? We'd like to thank them.

Name of referring client \_\_\_\_\_

**Patient Agreement to Terms and Policies:** Please read carefully before signing.

I give Parkland Veterinary Hospital permission to release any pertinent information about my pet to other veterinary health care providers or those people whom I have entrusted with the care of my pet.

**I understand that payment is expected for all services at the time they are performed.**

For your convenience we accept all major credit cards, debit cards, cash, Care Credit, and insurance (Trupanion). We do not do billing plans due to the high cost of managing such plans and so that the cost is NOT passed on to our customers. Payment is due when services are rendered. In some cases, a deposit may be necessary. Clients are encouraged to discuss estimates before services are rendered. Please note that we offer cost savings through our Wellness Plans and we encourage clients to take advantage of these plans.

A photo ID (such as driver's license) is required for drop-off or pickup of all animal patients.

*I, the undersigned, assume financial responsibility as stated above, I have read, understand, and agree to the terms.*

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Signed Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Pet Number 1**

Name \_\_\_\_\_  
Birth Date/Age \_\_\_\_\_  
Species:  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_  
Color \_\_\_\_\_  
Sex \_\_\_\_ Spayed/Neutered  Yes  No

**Microchipped?**  Yes  No

Date of Last Vaccine \_\_\_\_\_  
Last **Rabies** Vaccine \_\_\_\_\_  
Where vaccines obtained \_\_\_\_\_  
Any long term problems \_\_\_\_\_  
\_\_\_\_\_  
Current Medications \_\_\_\_\_

**Pet Number 2**

Name \_\_\_\_\_  
Birth Date/Age \_\_\_\_\_  
Species:  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_  
Color \_\_\_\_\_  
Sex \_\_\_\_ Spayed/Neutered  Yes  No

**Microchipped?**  Yes  No

Date of Last Vaccine \_\_\_\_\_  
Last **Rabies** Vaccine \_\_\_\_\_  
Where vaccines obtained \_\_\_\_\_  
Any long term problems \_\_\_\_\_  
\_\_\_\_\_  
Current Medications \_\_\_\_\_

**ANY ADDITIONAL PETS?**

**Pet Number 3**

Name \_\_\_\_\_  
Birth Date/Age \_\_\_\_\_  
Species:  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_  
Color \_\_\_\_\_  
Sex \_\_\_\_ Spayed/Neutered  Yes  No

**Microchipped?**  Yes  No

Date of Last Vaccine \_\_\_\_\_  
Last **Rabies** Vaccine \_\_\_\_\_  
Where vaccines obtained \_\_\_\_\_  
Any long term problems \_\_\_\_\_  
\_\_\_\_\_  
Current Medications \_\_\_\_\_

**Pet Number 4**

Name \_\_\_\_\_  
Birth Date/Age \_\_\_\_\_  
Species:  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_  
Color \_\_\_\_\_  
Sex \_\_\_\_ Spayed/Neutered  Yes  No

**Microchipped?**  Yes  No

Date of Last Vaccine \_\_\_\_\_  
Last **Rabies** Vaccine \_\_\_\_\_  
Where vaccines obtained \_\_\_\_\_  
Any long term problems \_\_\_\_\_  
\_\_\_\_\_  
Current Medications \_\_\_\_\_