



# Pet Hospital of North Park

Thank you for giving us the opportunity to care for your pet(s).  
So we may become better acquainted, please complete the following:

## CLIENT INFORMATION

Name \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1.Home Phone#( ) \_\_\_\_\_ 3.Work Phone#( ) \_\_\_\_\_

2.Cellular# ( ) \_\_\_\_\_ 4.Spouse #( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Best phone # to reach you (circle number): 1 2 3 4

Employer \_\_\_\_\_ First time client? Yes No

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

**IMPORTANT:** No checks, no payments over the phone nor third party credit cards are accepted.  
I understand that the person (physically) bringing the pet in, should be responsible for the payment of fees generated in that visit. Initials \_\_\_\_.

## Dog/Cat INFORMATION

DOG	CAT	PET'S NAME	BREED / COLOR	DOB/AGE	SEX M / F	ALTERED? (spay/neuter) YES / NO

As pet owner, I'm required to provide physical medical/vaccination records (if existent) or provide information to the staff of where to obtain such records. Initials \_\_\_\_.

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any history of allergies to vaccines or medications? \_\_\_\_\_

Is your pet on any special diet or medications? \_\_\_\_\_

Does your pet have a microchip?  Yes  No If yes, # \_\_\_\_\_

How did you become aware of our Hospital?  INTERNET  DRIVE BY  OTHER \_\_\_\_\_

PET STORE \_\_\_\_\_  PERSONAL REFERRAL (Whom should we thank to) \_\_\_\_\_

I understand that me or the person bringing the pet for examination, are financially responsible for all charges incurred by my pet's visit. I further agree that in the event of nonpayment, I/we will bear the cost of collection and/or court cost and reasonable legal fees should action be required. I agree that a photocopy of this authorization shall be valid as the original.

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(must be on or over 18 years of age)