



"Take your pet to the park"

PARK ANIMAL HOSPITAL

8400 S. Eastern Ave, Las Vegas, NV 89123

Off: 702-361-5850, Fax: 702-361-2947, Email: ParkAnimalHosp@aol.com

NEW CLIENT FORMS

DATE: \_\_\_\_\_

PLEASE COMPLETE ALL INFORMATION

Please present your driver's license or ID to the receptionist to copy and place on file in your chart.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(Your address may not be a P.O. Box – it must be a physical address)

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Employer: \_\_\_\_\_ If self employed you MUST write the name of your business

Position: \_\_\_\_\_ Work No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

If SS # is not provided, CASH or CREDIT only

\*EMAIL ADDRESS \_\_\_\_\_\*

Spouse:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Employer: \_\_\_\_\_ If self employed you MUST write the name of your business

Position: \_\_\_\_\_ Work No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

PLEASE INITIAL THE FOLLOWING:

\_\_\_\_\_ I authorize Park Animal Hospital to care/diagnose/treat my pet.

Initial

\_\_\_\_\_ I hereby agree to be financially responsible for any and all charges incurred at Park Animal Hospital.

Initial

\_\_\_\_\_ I understand that payment is due at the time services are rendered.

Initial

\_\_\_\_\_ I understand that emergencies, surgeries, and anticipated large bills will require a deposit.

Initial

\_\_\_\_\_ I understand that Park Animal Hospital does not accept the following: Checks for OVER \$100.00, Business checks, Out of state checks, American Express

Initial

\_\_\_\_\_ I understand that a \$25.00 fee will be charged for any check returned unpaid by my bank. I also understand that that Park Animal Hospital does not re-submit returned checks and that if not paid with either cash or credit card within 10-days from the date returned, the check will be turned over to the District Attorney's office for legal action.

Initial

\_\_\_\_\_ I understand that Park Animal Hospital does not do any billing. However they do offer CareCredit on approved credit.

Initial

\_\_\_\_\_ I understand that if my account should become delinquent, I will be responsible for any and all billing and accrued interest charges (at the state allowable rate), from the date of delinquency.

Initial

\_\_\_\_\_ I understand in order to prevent the spread of infectious diseases and parasites, ALL hospitalized, boarded or groomed pets must be current on vaccines and dewormings.

Initial

\_\_\_\_\_ I agree to allow Park Animal Hospital to place my pet's photo in their website photo gallery

Initial

I was referred to Park Animal Hospital (check one)  Drive-by  Yellow Pgs  Internet  Other: \_\_\_\_\_

Client referral – please tell us their name so that we may send them a Thank you! \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Receptionist Witness

## YOUR PET'S INFORMATION:

### Pet #1

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ SEX:  MALE  FEMALE

Color: \_\_\_\_\_ Spayed/Neutered  Yes or  No

Where did you purchase/adopt your pet from?: \_\_\_\_\_

Vaccine History: Where given: \_\_\_\_\_

Dates of Last Vaccines: \_\_\_\_\_

Current diet: \_\_\_\_\_

Any other health history we should be aware of: \_\_\_\_\_

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### Pet #2

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ SEX:  MALE  FEMALE

Color: \_\_\_\_\_ Spayed/Neutered  Yes or  No

Where did you purchase/adopt your pet from?: \_\_\_\_\_

Vaccine History: Where given: \_\_\_\_\_

Dates of Last Vaccines: \_\_\_\_\_

Current diet: \_\_\_\_\_

Any other health history we should be aware of: \_\_\_\_\_

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### Pet #3

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ SEX:  MALE  FEMALE

Color: \_\_\_\_\_ Spayed/Neutered  Yes or  No

Where did you purchase/adopt your pet from?: \_\_\_\_\_

Vaccine History: Where given: \_\_\_\_\_

Dates of Last Vaccines: \_\_\_\_\_

Current diet: \_\_\_\_\_

Any other health history we should be aware of: \_\_\_\_\_

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## OVERNIGHT WAIVER

Please be advised that there is not overnight supervision at Park Animal Hospital by a veterinarian or veterinary technician. If the doctor feels that there is a significant risk or there is a necessity for overnight supervision you will be advised accordingly of the risks vs benefits. We are not affiliated with the emergency hospitals and are not in control of their charging policies. It is always your right to elect to take your pet for overnight supervision at additional cost. Unforeseen incidents may and can happen but are uncommon.

## MISSED APPOINTMENT POLICY

Beginning July 1, 2008, Park Animal Hospital is implementing a "NO SHOW" POLICY.

- ❖ For Routine and Grooming appointments, a **4 hour notice** of cancellation is required.
  - A **\$20.00 NO SHOW CHARGE** will be applied to your account if proper notice is not given.
- ❖ For Surgical Procedures, a **24 hour notice** of cancellation is required.
  - A **\$50.00 NO SHOW CHARGE** will be applied to your account if proper notice is not given.

I have read and understand the above policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_