

Welcome to
PARK ANIMAL HOSPITAL

Primary Client Name: _____ Secondary Client: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

***Email correspondence is used to remind you of scheduled appointments and when services are due (ie: vaccines)*

Primary Client Birthdate (MM/DD/YYYY) ____/____/____ (Required to dispense medication)

How did you hear about us? Family/ Friend/ Co-worker- Name? _____

Yelp Online- Website? _____ Simi Valley Missing Pets Other: _____

FULL PAYMENT IS DUE AT THE TIME OF SERVICES - WE DO NOT ACCEPT PARTIAL PAYMENTS.

We accept **CASH, CHECK, DEBIT, AMERICAN EXPRESS, DISCOVER, MASTERCARD, VISA, and CARE CREDIT.** There will be a \$25 service charge for any check returned unpaid. Should your account become delinquent and you are sent to collections, you will be responsible for all collection fees.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice. If you have any questions regarding this, please ask the receptionist.

Signature or Responsible Agent for the Pet(s) _____ Date _____

| Cat | Dog | Pet's Name | Approximate age or Date of Birth | Male or Female? Neutered or Spayed? | Breed(s) & Color |
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