



*Welcome to our hospital*  
**Parkway Animal Hospital**

Your Name: \_\_\_\_\_ Cellular Telephone:     (    )  
First Last Include area code

Spouse / Other: \_\_\_\_\_ Cellular Telephone:     (    )  
First Last Include area code

Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone:     (    ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

We value your privacy! Your e-mail address will NOT be sold or communicated to unrelated 3<sup>rd</sup> parties. By providing your e-mail address, you have web access to your pet's medical history and valuable pet care information via our ePetHealth portal.

Name of Employer(s)    -Yours \_\_\_\_\_    Phone: \_\_\_\_\_  
                                   -Spouse's \_\_\_\_\_    Phone: \_\_\_\_\_

Number of household pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other: \_\_\_\_\_

How did you learn about our practice?  Yellow Pages     Valpak     Sign     Personal Recommendation

Web Search     Google     Bing     AOL     Other: \_\_\_\_\_



**Check us out on Facebook and visit our website for information, news, and client testimonials.**

**PET INFORMATION**

Pet's Name: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Dog:     Cat:     Other (Please Specify): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex:  Female     Spayed

Date of Birth: \_\_\_\_\_  Male     Neutered

This pet is:     Indoor Only /     Outdoor Only /     Indoor and Outdoor

At what age was the pet acquired? \_\_\_\_\_ Obtained From:  Friend     Breeder     Pet Store     Rescue/SPCA

Reason for acquiring this pet (check all that apply)  Companion     Protection     Breeding     Show

Previous Veterinarian(s) where past records could be obtained if necessary \_\_\_\_\_

Major diseases which your pet has had \_\_\_\_\_

Any allergies to medications? \_\_\_\_\_

Presently on any medications? \_\_\_\_\_

Special diets? \_\_\_\_\_

*I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. In addition, I understand that Parkway Animal Hospital electronically converts and verifies check payments.*

Owner or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for selecting us!***