

## **New Client & Patient Form**

Chart #

CLIENT INFORMATIO	N		
First Name:	Last Name		
Address:			
City:	State:	Zip Code:	
Home Phone Number:_		Cell Phone:	
Prim	ary: □Home Phone	□Cell Phone	
Email Address:			
VALID I.D. MUST BE CARDS.	SHOWN FOR ALL	CARE CREDIT, DEBIT	Γ, AND CREDIT
The following informati	on must be completed t	o write a check for payme	ent (Approval Required)
DL:	State:	]	Exp. Date:
DOB:	So	cial Securtity:	
PATIENT INFORMATION	ON		
Name:		Sex: □ Male □ Female	□Spayed/Neutered
Breed:	D	OOB:Age	:
Color:	N	Microchip:	
Has your pet ever had a	reaction to medications	or vaccines? ☐ Yes ☐ N	lo
If yes, explain:			
Previous serious illnes	s or surgery?		
Is your not currently or	n any modications?		



## **SOCIAL MEDIA RELEASE:**

By initialing you grant Parkway Animal Hospital permission to take photographs of your pet and to publish those photographs for any lawful purposes but not limited to our website, social
medial accounts, and promotional materials, either digital or in print.
Parkway Animal Hospital has permission to take and post images of my pet
I agree to have my pets photo taken for their medical records only but <b>DECLINE</b> allowing images of my pet to be posted or used in print or digital promotion
NOTIFY IN CASE OF AN EMERGENCY:
Emergency Contact Name:
Phone Number:
Parkway Animal Hospital does not bill for services and cannot accept payment plans. Payment is expected at time of services rendered. We accept American Express, Care Credit, Discover Card, Master Card, Visa Card, Scratch pay, and Cash.
I understand that I am financially responsible for all charges today and charges must be paid at the time of each visit.
Signature:
Print Name:
Date:



Scan and Download Our App

OR

Find us in you store at Parkway AH

