

Park Veterinary Hospital
550 NE 44th Street
Oakland Park, Fl 33334
www.parkvet.net

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill out this form completely. Thank you.

Owner Registration

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
S.S. # (Optional, but required if you do not have a Florida DL): _____
E-mail Address: _____ Home #: _____
Cell#: _____ Work #: _____
Partner or Spouse: _____ Cell#: _____

Emergency Contact (Other than yourself) Name: _____ Phone: _____

Number of pets in your household? _____ Dogs _____ Cats _____ Other

If recommended to our clinic, by whom? _____

Pet Registration

Name of pet: _____ (Dog Cat)
Breed: _____ Color: _____ Age or DOB: _____
 Male Neutered Male Female Spayed Female

Previous Vet (clinic name and number if available): _____

Do we have your consent to place your pet(s) picture on our website? (Yes No)
Any pictures taken will not be used for advertising purposes, will be used for fun pictures on our website.

Authorization

Professional fees are to be paid at the time services are rendered. Park Veterinary Hospital is not in the business of advancing credit to its customer. All accounts will be billed monthly and all outstanding balances are due and payable when rendered. Any account which is not paid in full will be assessed a service charge of \$7.50 or 1.5% of the unpaid balance, whichever is greater. If payment cannot be made in full Park Veterinary Hospital reserves the right to withhold your pet until payment is met at an additional charge of the nightly boarding rate. **THERE IS A \$350.00 SERVICE FEE FOR ANY ACCOUNT THAT MUST BE TURNED OVER TO OUR COLLECTION DEPARTMENT.** Furthermore, I agree that I will be held personally responsible for all costs associated with the collection of this account, including but not limited to: a collection agency fee and court costs. I also understand that all returned checks will be assessed a \$35.00 service charge.

Owner signature: _____ Date: _____

Co-Owner signature: _____ Date: _____