

Park Veterinary Hospital  
550 NE 44th Ave  
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) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Spouse or Partner \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Name and Phone # \_\_\_\_\_  
\_\_\_\_\_

Number of pets in your household? \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

Pet Information

Name of pet \_\_\_\_\_ ( ) Dog ( ) Cat ( ) Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ DOB \_\_\_\_\_

( ) Male ( ) Neutered ( ) Female ( ) Spayed

Previous vet history is at: \_\_\_\_\_

Do we have your consent to place your pet(s) picture on the website? ( ) Yes ( ) No

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: collection agency fees, attorney fees and court costs. **I understand that all returned checks will be assessed a Thirty Five Dollar (\$35.00) service charge.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
Co-owner Signature \_\_\_\_\_ Date \_\_\_\_\_