



Welcome



Thank you for giving **Park Veterinary Hospital** the opportunity to care for your pet(s).
To ensure the best care possible, please take the time to fill-in this form completely.

Please return this via email to mail@parkvet.net with your valid driver's license & any records.

Registration:

Owner's Name: _____ Spouse/other: _____

Address: _____ Apt: _____ City/State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Spouse Cell#: _____ Email Address: _____

In case of **Emergency** (If owner can't be reached), please call: _____ Phone: _____

How did you hear about us? Facebook/Instagram Google Yelp Other: _____

How would you prefer to receive your Pet Friendly Reminders? Mailed Hard Copy or Emailed Copy

Do we have your consent to place your pet(s) picture on our website or Facebook page? Yes No

Any pictures taken will not be used for advertising purposes, will only be used for fun pictures on our website.

Pet(s) Information:

Pet's Name: _____ Sex: Female Male Spay/Neuter: Yes No

Breed: _____ Age or DOB: ____/____/____ or _____

Color: _____ **Microchipped?** Yes No Cat or Dog

Insurance: _____ Policy Number: _____

Pet's Name: _____ Sex: Female Male Spay/Neuter: Yes No

Breed: _____ Age or DOB: ____/____/____ or _____

Color: _____ **Microchipped?** Yes No Cat or Dog

Insurance: _____ Policy Number: _____

Pet's Name: _____ Sex: Female Male Spay/Neuter: Yes No

Breed: _____ Age or DOB: ____/____/____ or _____

Color: _____ **Microchipped?** Yes No Cat or Dog

Insurance: _____ Policy Number: _____

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

Financial Policy:

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. In the event that suit is filed, venue will be Broward County, Florida. 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:** _____

All prices are subject to change without notice. Estimates are available upon request. Thank you for your understanding and cooperation.
We appreciate your trust.