



**Park Veterinary Hospital**  
 550 NE 44<sup>th</sup> Street  
 Oakland Park, FL.33334  
 www.parkvet.net



Thank you for giving **Park Veterinary Hospital** the opportunity to care for your pet(s). We'll be happy to answer any questions you have about your pet's health. 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.**

**UPDATED CLIENT REGISTRATION FROM**

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: \_\_\_\_\_

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

**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.

**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: \_\_\_\_\_

**Co-Owner signature:** \_\_\_\_\_ Date: \_\_\_\_\_