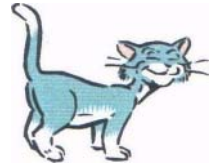




WELCOME



To Our Practice

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please take time to fill in this form completely.

CLIENT INFORMATION

Mr. _____ Spouse _____
 Mrs. Owner _____ Last First Last First
 Dr. _____
 Ms. _____
 Children _____

What would you prefer to be called? _____

Address _____

Home Phone _____ City _____ State _____ Zip _____
 Cell Phone _____ Spouse's Cell Phone _____

Place of Employment _____ Work Phone _____

Spouse's Place of Employment _____ Spouse's Work Phone _____

E-Mail Address _____

How did you become aware of our hospital?

- Yellow Pages
- Hospital Sign
- Personal Recommendation-Who may we thank?
- Other

AUTHORIZATION

The owner of the above described animal or animals ("owner") hereby consents and authorizes Parkcrest Veterinary Hospital, Inc. to receive, prescribe for, treat and operate upon the above described animal or animals.

It is understood by the owner that if surgery is performed some degree of risk is inevitable and it is not possible for the Hospital, its staff or employees to guarantee a successful outcome of any medical procedure.

The owner also understands and agrees that if the animal should remain with the Hospital for a period in excess of thirty (30) days without prior arrangements being made between the Hospital and the owner, the Hospital after two (2) unsuccessful attempts to contact the owner at the address or telephone number given above, may in any manner dispose of the animal at its discretion.

The owner acknowledges, accepts, and assumes full and total financial responsibility for any and all services rendered by the Hospital, its staff or employees in the treatment of the above described animal or animals and to pay for such services in accordance with the Hospital's posted fee schedule.

Signature of Owner _____ Date _____

All fees are due upon release of patient. Please indicate you preferred method of payment:

- Cash/Check
- Credit Card (VISA/MC/Am. Exp)
- Debit Card
- Care Credit