



# 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. Owner \_\_\_\_\_ Spouse \_\_\_\_\_  
Mrs. Last First Last First  
Dr. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Children \_\_\_\_\_

What would you prefer to be called? \_\_\_\_\_

Address \_\_\_\_\_

City State Zip  
Home Phone \_\_\_\_\_ 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 your preferred method of payment:

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

Parkcrest Veterinary Hospital, Inc.

700 W. Republic Road, Springfield, Missouri 65807 Phone 417-881-5327 Fax 417-823-7060