



Please write on the plastic sheet - Thank you!

Pet's name: _____

Breed: _____

Birthday: _____ Spayed/Neutered? Yes___ No___

Owner's first name: _____ Owner's last name: _____

Personal pronoun: he/him/his ___ she/her/hers ___ they/them/theirs___ Other___

Title: Dr___ Miss___ Ms___ Mrs___ Mr___

Your name (if different than owner's) : _____

Names (along with titles and pronouns) of anyone else who can make medical decisions for your pet & their relationship to you (if ONLY you, please put N/A):

Address: _____

City: _____ Postal Code: _____

Primary phone: _____

Secondary phone: _____

Email address: _____

Preferred method of contact: _____

Other phones: _____

Other emails: _____

How did you find us? _____

For dogs: Okay to use peanut butter in appointments? Yes___ No___

Please see back side too! →



Consent to Keep Personal Information

This document represents consent for Park Animal Hospital to keep in its records any personal information

that I (_____) have given to the staff. I understand that Park Animal Hospital abides by a privacy policy and no information shall be given to any other business and/or person(s) that is not employed at Park Animal Hospital unless it is in the aid of medical care for my pet(s). I also understand that person(s) who had recent employment with Park Animal Hospital have signed and agreed to keep any and all of my information private.

Date: _____ Signature: _____

Media Release Consent

We want your pet to be a social media star!

I (_____) grant permission to Park Animal Hospital and its employees to take photographs and/or video of me and/or my pet(s) (_____), to use and publish the same in print and/or electronically. Park Animal Hospital may also use and publish my pet's story, including relevant medical history.

I agree that Park Animal Hospital may use such photographs, videos or stories including me and/or my pet with or without our names and for any lawful purpose, including for example such purposes as social media, advertising and web content.

Date: _____ Signature: _____

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