



Pet's name: _____

Breed: _____

Birthday: _____ Spayed/Neutered? Yes__ No__

Owner's first and last name: _____

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

Title: Dr__ Miss__ Ms__ Mrs__ Mr__

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

Names 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: _____

Home phone: _____

Cell phone: _____

Email address: _____

Preferred method of contact: _____

Other phones: _____

Other emails: _____

How did you find us? _____

Okay to use peanut butter in appointments? Yes__ No__



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: _____