



Grace Park  
Animal Hospital

**OWNER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us:  Sign/Location  Yellow pages  Website  Coupon  
 FOA/SPCA Certificate  Friend: \_\_\_\_\_

**PET INFORMATION**

1)Name	2)Name	3)Name	4)Name
Breed/ Species	Breed/ Species	Breed/ Species	Breed/ Species
Color	Color	Color	Color
Date of Birth or Age	Date of Birth or Age	Date of Birth or Age	Date of Birth or Age
Male Neutered	Female Spayed	Male Neutered	Female Spayed
Male Neutered	Female Spayed	Male Neutered	Female Spayed

Please provide us with your previous veterinarian's contact information so we can obtain medical history for your pet(s).

Previous Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any chronic health problems of which we should be aware and any regular medications given:


**Acknowledgement**

⚠ To prevent the spread of infectious diseases, all patients staying in the hospital must be current on all vaccines (rabies, distemper, and bordetella (dogs only)) and free from internal parasites (annual fecal examination required) and external parasites. If my pet is not current, or current records are unavailable, I understand that my pet will be examined and the appropriate vaccines and parasite treatment will be given while staying in the hospital. The examination, vaccines, and/or parasite treatment will be in addition to all other charges. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

⚠ Payment is due at the time services are rendered. We will gladly prepare a written estimate if you desire (please ask one of our team members). We accept cash, in-state personal checks with in-state driver's license, Visa, Mastercard, Discover, American Express, and Care Credit. There is a \$35.00 service charge for returned checks. Unpaid balances are subject to interest (18% APR), and a monthly statement & handling fee of \$3.00. Unpaid balances greater than 90 days will be turned over to a collections agency and subject to a \$35.00 administrative fee as well as the collection agency fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Avimark: NEW, Form: NCF1