



# Animal Hospital of Parkland

12212 Pacific Ave. S. Tacoma, WA 98444 (253) 536-1505



## Welcome To Our Office - Client Information

Thank you for selecting Animal Hospital of Parkland. We welcome the opportunity to provide the best care possible for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

Your Last Name <input style="width: 90%;" type="text"/>	Home Phone <input style="width: 90%;" type="text"/>
First Name(s) <input style="width: 90%;" type="text"/>	Email <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	
City <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip <input style="width: 20%;" type="text"/>	

All fees are to be paid when services are rendered, or upon release of the patient from the hospital. Please check your preferred method of payment.

- Cash    Check    Credit Card    Care Credit

How did you first hear of our hospital.    Personal Recommendation - Whom may we thank.

Clinic Sign    Mailing    Dex Tacoma    Dex Puyallup    Yellow Book    Other

	Employer	Title	Work Phone
Yourself	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Spouses/Other'	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

- Please check if you would like additional information about:    Health Care Packages    Premium Health Diets
- New Methods of Flea Control    Pet Dental Care    Microchip Identification    Grooming

Would you like us to register you with our Online Store and send you a password so that you can purchase veterinary drugs, diets, and supplies for delivery to your home.    Yes    No

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Pet Information

Name <input style="width: 90%;" type="text"/>	Species <input type="checkbox"/> Cat <input type="checkbox"/> Dog	Breed <input style="width: 90%;" type="text"/>
Birth Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	When did you get your pet. <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
Color/Markings/Identification <input style="width: 90%;" type="text"/>		
Date last seen by a Veterinarian <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Name of Previous Clinic <input style="width: 90%;" type="text"/>	
Date of Latest Vaccines Treatment or Diagnostics	Canine Dist./Parvo <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Feline Dist./Resp. <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
	Bordetella, Canine Cough <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Feline Leukemia <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
	Lyme Vaccine <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Fecal Exam <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
		Rabies Vx <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
		Spay/Neuter <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
		Illness <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>

What is the reason for today's visit?

Please list any previous illnesses, injuries, surgery, or anesthesia your pet has had.

What medications are you currently giving or have recently given your pet.

What do you feed your pet. (Type & Brand of Food, Treats or Chews, Anything Else)