

**CLIENT REGISTRATION FORM**

DATE \_\_\_\_\_

OWNER NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
(IF DIFFERENT)

PRIMARY CONTACT# (HOME/CELL) \_\_\_\_\_

SECONDARY CONTACT# (HOME/CELL) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

YOUR EMPLOYER \_\_\_\_\_

YOUR OCCUPATION \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

SPOUSE \_\_\_\_\_ SPOUSE'S CELL# \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_

SPOUSE'S OCCUPATION \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

REFERRED BY \_\_\_\_\_

I/We authorize Parkway Veterinary Hospital, its staff and their assistants to render and perform any and all surgical operations and/or medical treatment as necessary or advisable upon our pets, and I/We further authorize the administration of such anesthetics, treatments and immunizations against disease as may be deemed necessary while our pets are in the custody or possession of the Hospital with the full understanding that every effort will be made by Parkway Veterinary Hospital to contact me and advise me of all necessary treatment. We also understand the risks involved in any surgical procedure involving anesthesia.

(Parkway Veterinary Hospital recommends vaccinating all dogs against DHLPP and RABIES and all cats against Panleukopenia, Rhinotracheitis, Calici Virus and RABIES. If you do not wish your pets vaccinated for these diseases, please initial here releasing Parkway Veterinary Hospital from any liability. \_\_\_\_\_)

I/We agree to pay all charges incurred for procedures and treatment upon discharge of our pet. If not paid, I/we understand that additional, reasonable charges may be incurred. These charges may include boarding until the pet is picked up and paid for, collection costs or expenses and attorney's fees. I/We further understand that if our pet is not picked up within twenty-one calendar days after the day it is due to be picked up, it will be deemed abandoned and dealt with in accordance with Section 1834.5 of the California Civil Code. Any written communications may be sent to the address above.

Veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

**All fees are due at the time services are rendered. Please indicate choice of payment:    \_\_\_ Cash    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover**

Owner/Agent's signature \_\_\_\_\_