

**PARKWAY VETERINARY HOSPITAL
1101 E. JOHN SIMS PARKWAY
NICEVILLE, FL 32578**

Client/Pet Form

DATE: _____

Name of pet owner/person financially responsible for payment (Must be 18 yrs or older):

Please print **Signature**

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____ **E-Mail** _____

Photo ID (on file) Required _____ Senior Citizen? Yes No 65 or Older

Spouse or Co-Owner _____ Home Phone _____ Work _____

Pet Information

Pet's Name _____

Species (cat / dog) Breed _____

Birth Date _____ Color _____

Female Spayed **YES NO**

Male Neutered **YES NO**

Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Were you referred to us? If so whom _____

Vaccination History

Is your pet current on vaccines?

Where were vaccines given?

Microchip Identification # _____

BE A RESPONSIBLE PET OWNER

At Parkway Veterinary Hospital we stand behind the five step program of responsible pet care: Annual/Bi-annual exams, Vaccinate, Microchip, Spay/Neuter, and Good nutrition for your pet. We strongly recommend these five steps to keep your pets happy, healthy, and safe.

DID YOU RECEIVE A COPY OF OUR HOSPITAL POLICY FORM?

YES _____ NO _____

Please put your initials beside the yes or the no.

****For additional pets, please use "Pet Information" on page 2 of this form. Thank You**

Page 2

Pet Information

Pet's Name _____

Species (Cat/Dog) Breed _____

Birth Date _____ Color _____

Female Spayed **YES NO**

Male Neutered **YES NO**

Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Vaccination History

Is your pet current on vaccines? Yes No

Where were vaccines given?

Microchip Identification # _____

Pet Information

Pet's Name _____

Species (Cat/Dog) Breed _____

Birth Date _____ Color _____

Female Spayed **YES NO**

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Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Vaccination History

Is your pet current on vaccines? Yes No

Where were vaccines given?

Microchip Identification # _____



PARKWAY VETERINARY HOSPITAL 1101 E. JOHN SIMS PARKWAY NICEVILLE, FL
32578 PHONE: 850-678-9733 FAX: 850-729-3559



HOSPITAL POLICY REVIEW

APPOINTMENTS: Appointments can be made by phone or in person during normal operating hours. Dr. Waits, Dr. Johns, Dr. Marquardt and Dr. Roberts make a concerted effort to stay on time, but unforeseen patient problems can cause appointments to run overtime and result in delays. If we are running late, we will be happy to reschedule you for another appointment at a more convenient time or have you drop off your pet and pick up later. Please let us know if you have any change in your administrative information (Phone number, address, new pet). We want to be sure you get reminders and other information for all your pets.

PHONE CALLS: We try to be accessible to all of our clients, but scheduled appointments take priority. Messages will be taken and calls will be returned as soon as possible.

REFILLS: We require a 48 hour notice for medications that need to be refilled either at Parkway or written and/or faxed to an outside pharmacy. Please plan ahead so you don't run out over the weekend.

NO SHOWS: Appointment slots are in high demand and our doctors and staff work extremely hard to accommodate all clients so that they may be seen as soon as possible. Medical care opportunities for all of our patients are lost when an appointment is missed or changed on short notice. Please honor your appointment responsibility by making changes well in advance.

CLINIC ENVIRONMENT: We are proud to be a member of American Animal Hospital Association. In order to maintain membership in this prestigious association, our facilities, equipment, procedures, and services must meet strict standards and be regularly inspected and evaluated by an AAHA consultant. Membership in this internationally known organization is considered a mark of excellence within the veterinary profession.

RESTRAINT: Please keep your pet on a short leash or in a carrier. We ask this in order to prevent accidental injury to your pet or to another client or patient. If you need help bringing your pet into the hospital, please let us know; we will be glad to assist you. For everyone's safety, we also ask that you allow our trained staff to hold your pet during examinations.

FEES AND PAYMENTS: Parkway Veterinary Hospital is operated solely as a private enterprise. Payment is expected at the time services are rendered. We accept cash, personal checks, Visa, MasterCard, American Express and Discover. We will be happy to quote estimates for any services that your pet requires. Final charges may vary somewhat, depending on the exact treatments needed. We must charge to serve.

PET INSURANCE: We do not file insurance; however, we will be happy to assist you with the paperwork so you can be reimbursed.

FORMS: Any forms or paperwork completed by our physicians may be subject to a fee.

COPY OF MEDICAL RECORDS: We require a signed written release and a 48 hour notice for copies of medical records.

Our practice philosophy involves "a special combination of the science of veterinary medicine with the art of caring." We feel that one without the other is simply inadequate. Our commitment is to the total health care of our pet. To provide the best possible care for you, there must be a partnership between you, the pet owner and us the veterinary staff. The success of this partnership is dependant upon commitment to common goals and open communication. We are always ready to listen to your needs and are committed to providing the highest quality veterinary care and to keeping you informed about the latest developments in veterinary medicine as they pertain to the health care needs of your pet. Our goal is to make your pets the real winners of this special partnership! Thank you for this opportunity to serve you.

The Doctors and Staff
Parkway Veterinary Hospital