

# Welcome To



**PACIFIC PARK**  
ANIMAL HOSPITAL

## OWNER INFORMATION

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone Number(s): Primary: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License: \_\_\_\_\_ License State: \_\_\_\_\_

Co-Owner First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number(s): Primary: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

Live Near By  Internet Search  Yelp  Facebook  Coupon: \_\_\_\_\_

Website  Client: Who may we thank? \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_  Canine  Feline  Other: \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered? N / Y Microchipped? N / Y, # \_\_\_\_\_

Does this pet have Insurance? N / Y If yes, which one? \_\_\_\_\_

Veterinary Hospital that has previous records: \_\_\_\_\_

Pet Name: \_\_\_\_\_  Canine  Feline  Other: \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered? N / Y Microchipped? N / Y, # \_\_\_\_\_

Does this pet have Insurance? N / Y If yes, which one? \_\_\_\_\_

Veterinary Hospital that has previous records: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize Pacific Park Animal Hospital (PPAH) veterinarians to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s) and I understand that all professional fees are due at the time services are rendered\*. I understand and agree that in the event of default, to pay reasonable collection and/or attorney fees.  
I also authorize PPAH to photograph my pet for medical records and social media purposes.

X \_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date