



**Parker's  
Paws**

ANIMAL HOSPITAL

**PATIENT/CLIENT INFORMATION**

Welcome to Parker's Paws Animal Hospital. Please help us meet your needs by completing this information sheet.

**NEW CLIENTS:**

Your Name: \_\_\_\_\_ Spouse/other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number to best reach you: \_\_\_\_\_ Other number: \_\_\_\_\_

Email: \_\_\_\_\_ Other email: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ @ Phone #: \_\_\_\_\_

How do you prefer to be notified of reminders? Phone message: \_\_\_\_\_ Email: \_\_\_\_\_ Post card: \_\_\_\_\_

How did you learn about our hospital? \_\_\_\_\_

**NEW PETS:**

Name of pet: \_\_\_\_\_ (Circle one) DOG CAT

Breed: \_\_\_\_\_ Date of birth or appr. age : \_\_\_\_\_

Color: \_\_\_\_\_

Gender (Circle one ): Spayed female Neutered male Intact (not fixed)

**Previous illnesses:**

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**Current medications:**

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**Any other important information:**

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