



Parks Veterinary

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Mark Hughes, DVM Robin Wilcox-Morris, DVM Donovan Hauser, DVM Jennifer McCartney, DVM Kayla Bittner, DVM Emily Buettner, DVM

Primary Contact: _____ Home Phone: _____
First Initial Last

Address: _____
Number & Street City State Zip

Mobile Phone: _____ - _____ Work Phone: _____ - _____
 It is ok to text me. It is ok to call me at work.

Preference for Phone CALLS (Circle): Home Mobile Work

Date of Birth: _____ Driver's License #: _____

We now use PetDesk to send reminders and notifications electronically, through text messages, emails, and the PetDesk mobile app. Please provide your email below to sign up for these benefits.

Email: _____

Secondary Contact: _____ Relationship: _____
First Initial Last

Mobile Phone: _____ - _____ Work Phone: _____ - _____
 It is ok to text me. It is ok to call me at work.

Pet Information

	Pet 1	Pet 2	Pet 3
Name			
Species (Cat, Dog, etc) and Breed			
Color			
Date of Birth (estimate if necessary)			
Sex (M or F) and Spayed (S) or Neutered (N)			
Has your pet(s) had previous vaccinations? (If yes, where?)			
Is your pet(s) currently on:	Heartworm prevention? (name if applicable)		
	A special diet? (name if applicable)		
	Any medications? (list if applicable)		
Has your pet(s) had any prior illness/surgeries? (describe them if applicable)			
Are there any known drug/food allergies? (list if applicable)			
Additional Comments:			

PICTURE/VIDEO RELEASE:

ACCEPT DECLINE

I give permission for Parks Veterinary to use pictures and videos for brochures, their website, and Facebook. I understand that no picture will be used for inappropriate or illegal purposes. I also understand that if I do not approve of how my pet's picture is being used, I can ask for it to be removed.

All fees are due and payable upon release of patient. For your convenience, we accept Mastercard, Visa, Debit, Discover, American Express and Care Credit. Again, thank you for giving us the opportunity to serve you!

Client Signature

Date