



CLINTON PARKWAY ANIMAL HOSPITAL

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WELCOME TO OUR HOSPITAL

Client / Pet Information

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date: _____

Pet's Name: _____

Owner's first and last name: _____

Address: _____

Phone #: _____

Phone # where we can contact you today: _____

Special instructions for our pet stylist:

If you would like to have one of our doctors examine your pet today for a specific problem, please list below:
Note: There will be a minimum doctor exam charge for this evaluation.

**All pets must be current on vaccinations for their protection
as well as for the safety of other pets in our hospital.**

Dog vaccination dates: Rabies: _____ DHLP-CPV: _____ Kennel Cough: _____

Cat vaccination dates: Rabies: _____ FVR-CP: _____

I authorize CPAH to contact my veterinarian for immunization records.

Pet's veterinarian _____

- Please update my pet on any overdue immunizations.
- Do not update my pet at this time. (If proper notice has been given and your pet is still overdue on its next grooming appointment, CPAH will perform any needed vaccinations).

Would you like Clinton Parkway Animal Hospital to send you vaccination reminders? Yes No

Signature