

# ParkWest Pet Clinic

18924 – 87 Ave; Edmonton, AB, T5T-6J1  
Ph. 780-444-1324; Fax 780-444-0132

## CLIENT AND PATIENT INFORMATION

Thank you for giving us the opportunity to be your animal health care provider.

**- INITIAL HERE.....I consent that Parkwest Pet Clinic can contact me by e-mail and SMS for the purpose of medical care for my pet(s)**

Date: \_\_\_\_\_

### **OWNER:**

<b>Last name :</b>	<b>First Name:</b>	<b>Spouse/Co-owner:</b>
<b>Address:</b>		
<b>City/Town</b>	<b>Postal code:</b>	
<b>Home phone:</b>	<b>Work phone:</b>	<b>Cell phone:</b>
<b>Alternate contact (optional):</b>	<b>E-mail:</b>	<b>Cell Provider:</b>

### **PET:**

<b>Name :</b>		
Dog <b><u>or</u></b> Cat	Microchip/tattoo number	
<b>Breed:</b>		
<b>Color:</b>	Markings:	
<b>Birth date:</b>		
<b>Gender:</b> Male <b><u>or</u></b> Female	<b>Neutered/Spayed?</b>	YES NO
Last time vaccinated:	Where?	What?
Is your pet on any medication? NO – YES. If yes, what kind?		

We will gladly prepare a written estimate which is valid 30 days from the date was written. Please ask our staff to provide one!

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**  
**Payments may be made by Cash, Debit Card, Visa, Master Card, Am. Express.**

**How did you find us?** (please circle)

Phone book      Advertisement      Location      Referral      Others (specify)

If referred, whom we should send a thank-you card?

