



NEW PATIENT & NEW CLIENT INFORMATION SHEET

Welcome to Parvin Animal Clinic. To allow us to provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye. We offer veterinary care, lodging, and more for your best friends.

**Information provided must be consistent with the rightful owner of the patient, financially responsible for all services, and over the legal age of 18. **

CLIENT INFORMATION *(Please print)*

Name _____ Cell (____) _____
Spouse _____ Cell (____) _____
Mailing Address _____ City _____ ST _____ Zip _____
Home phone (____) _____ Work phone (____) _____
E-mail address _____ Employer _____
Social Security # _____ Driver's License# _____ State: _____ Exp. _____

I grant Parvin Animal Clinic permission to use my pet's pictures, medical information, and story on social media.

Yes No _____ (initial)

PATIENT INFORMATION

Pet's name: _____ Sex _____ Neutered or spayed? _____ Species: Dog Cat
Pet's Date of Birth ____/____/____ Breed _____ Color _____
Microchipped? Yes/No # _____

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Do your pet(s) have any allergies, special medications, or health problems we should know about? Yes No

If yes, please describe? _____

What type of food do your pet(s) eat? _____ Treats? _____

Are your pets on heartworm preventives? Yes No Which one? _____ Last Date Given? _____

Are your pets on Flea Prevention Yes No Which one? _____ Last Date Given? _____

Who was your previous veterinarian? _____ Phone (____) _____

How did you hear about our hospital?

Drove by Facebook Previous client Website Referred by friend, whom may we thank? _____

(OVER)

In order to provide exceptional service to our clients and their families, our office implements a cancelation and no-show policy. Parvin Animal Clinic requests at least a **48-hour (2 business days) notice** of changes or cancellations to scheduled surgeries, dental procedures, and ultrasounds. We request at least a **24-hour (1 business day) notice** of any changes or cancellations to scheduled appointments. Changes outside of the above windows, late cancellations, or not showing for scheduled procedures and/or appointments may result in a charge. As a courtesy to our clients and patients, we offer an automated confirmation system, by utilizing the contact information listed above.

- Parvin Animal Clinic requires a deposit fee of \$150.00 at the time of scheduling for all elective surgeries, dental procedures, and ultrasounds. All Non Elective procedure deposits are varied based on the procedure required. This deposit reserves the patient's slot for the desired date of his/her procedure and will be used towards the services rendered that day. In the event of a late cancellation/late reschedule and/or a no show on the day of the procedure, this deposited will be forfeited.
- All services must be paid at the time services are rendered.
- All emergencies and/or hospitalization require a deposit of at least 50% of the estimated cost. This deposit is due at the time the patient is admitted and prior to any medical treatments taking place.

Owner's Signature _____ Date _____

For your convenience, we accept cash, MasterCard, Visa, Discover, American Express, Care Credit, and ScratchPay. By signing, I verify that all the information provided is accurate and promise to inform the staff, at Parvin Animal Clinic, of any and all financial concerns involving payment beforehand.

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