Germantown Parkway Animal Hospital
886 Cordova Station Avenue
Cordova, TN 38018
(901) 757-5093

CLIENT INFORMATION

Owner's Name: _____ Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Secondary Phone #: _____

E-Mail Address: _____

(Providing your email address allows you to access your pet's info online and is used for reminders, etc.)

PATIENT INFORMATION

Pet's Name: _____ Pet's DOB: _____

Circle one: DOG CAT OTHER: _____

Breed: _____ Color/Markings: _____

Circle one: MALE/FERTILE FEMALE/FERTILE MALE/NEUTERED FEMALE/SPAYED

Previous Medical Problems: _____

Current Medications: _____

Allergies: _____

Payment is expected as services are rendered. The following methods of payment are accepted: Cash, Mastercard, Visa, Discover, American Express, Care Credit, Scratch Pay, and Check. If complete payment is not made and collection of any portion of fees must be referred to an attorney for collection, the Client/Agent (undersigned) agrees to pay reasonable court costs and attorney's fees. A fee is assessed on all returned checks.

PETS NEEDING EMERGENCY CARE WHILE STAYING AT OUR HOSPITAL WILL BE TREATED UNTIL THE CLIENT/AGENT CAN BE CONTACTED.

Signature: _____ **Date:** _____

Angie H. Zinkus, DVM **Susannah B. Mays, DVM**