



Date: _____

Case #: _____

**Parsons Pet Hospital
Eva I. Dudek, D.V.M.
5021 Main Street – Parsons, KS 67357
620-421-1566**

Owner's Name: _____ Pet's Name: _____

Significant Other: _____ Species: Canine Feline Other: _____

Address: _____ Breed: _____

City: _____ ST: _____ ZIP: _____ Color: _____

Phone: _____ Sex: _____ Fixed? Yes No

Cell Phone: _____ Pet's Birth Date: _____

Email Address: _____

Employer: _____ Employer's Phone: _____

Emergency Contact Name: _____ Number: _____

Where does your pet spend most of the time? Strictly Indoors _____ Indoor/Outdoor _____

Strictly Outdoors _____ Yard _____ Chain _____

Brand of Food: _____ How often/amount is pet fed? _____

Do you have any other pets? Yes / No If yes, please describe: _____

Pet's general behavior towards other people/animals? _____

Previous Medical Problems: _____

Are they on Heartworm Prevention? Yes / No

I have the authority, being responsible for the animal described above, to give consent to Parsons Pet Hospital to prescribe, treat and/or operate on the animal listed above. I understand Parsons Pet Hospital will use all reasonable precautions against injury, escape, or death of my animal, but I will not hold Parsons Pet Hospital legally liable as it is thoroughly understood that I assume all risks.

All charges, including boarding costs, shall be paid upon release from the clinic. I understand if I fail to pick up my animal listed within 5 days after the time specified for release and/or Parsons Pet Hospital is not notified **in writing** of an alternate date within the 5-day period, the animal will be considered abandoned. Parsons Pet Hospital will handle the animal as we see fit. It is understood that this **DOES NOT** relieve me from paying Parsons Pet Hospital for all services and use of the clinic, including the cost of medical care, vaccinations, and/or boarding fees. I also understand and agree to a \$50.00 no-show fee for missed appointments that are not cancelled 24 hours in advance.

I have read and understand the above.

Signature of owner/responsible party: _____ SSN: _____

Driver's License #: _____ (Please provide your Driver's License/ID at front desk)