Prospect Park Veterinary Clinic

903 Lincoln Ave
Prospect Park, PA 19076
(610) 461-7887
info@prospectparkvetclinic.com
https://prospectparkvetclinic.com

Client Information Form (Deposit)

Primary Owner First and Last Name

_____

Secondary Owner First and Last Name

_____

Primary Owner Phone Number

_____

Secondary Owner Phone Number

_____

Street Address, City, State, Zip Code

_____

Preferred Email

_____

Pet's Name

_____

Pet's Species

☐ Cat ☐ Dog

Pet's Breed

_____

Pet's Birthdate

_____

Pet's Gender

☐ Female ☐ Female/Spayed ☐ Male ☐ Male/Neutered

Chronic Medical Conditions

Please list any chronic medical conditions your pet may have:

_____

Current Medications

Please list any current medications your pet is taking (this includes any flea/tick and/or heartworm preventions) :

_____

_____

_____

Reason For Visit

Please list the reason for your pets visit today:

Text Message Authorization

○ I would like to receive text message appointment reminders and text updates

○ I do not wish to receive text message reminders

Email Authorization

○ I would like to receive email appointment reminders

○ I do not wish to receive email appointment reminders

Permission for Photo Use

Do we have permission to take your pets photo for their profile ?

Thank you for choosing Prospect Park Veterinary Clinic and entrusting us with the care of your pet(s). Your deposit for the scheduled appointment has been credited to your account.

This deposit is non-refundable unless the appointment is cancelled more than 24 hours prior to the scheduled appointment.

This policy has been established in order to provide the highest level of care to all of our patients. By providing us ample notice of a cancellation, we are able to accommodate other patients that are in need of an appointment.

Thank you for your understanding. We look forward to meeting you soon!

Deposit Acknowledgment
