



**Park Grove Pet Hospital**

7663 79<sup>th</sup> Street South  
Cottage Grove, MN 55016  
651.459.9663 *phone*  
651.459.2310 *fax*

**Owner Information**

Owner Name(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Pet Information**

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Altered? \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Previous Vaccine Reactions \_\_\_\_\_  
Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Altered? \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Previous Vaccine Reactions \_\_\_\_\_

**Other Information**

In case of emergency, if we cannot reach you, whom should we call?  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
Referred/Recommended by \_\_\_\_\_  
Previous Veterinarian \_\_\_\_\_ May we call for records? \_\_\_\_\_  
Is your pet microchipped? \_\_\_\_\_ Usual Diet \_\_\_\_\_  
How long have you had your pet? \_\_\_\_\_  
How did you acquire your pet? \_\_\_\_\_  
Does your pet have any allergies (e.g., food or medications)? \_\_\_\_\_  
List any major diseases, illnesses or surgeries your pet has had \_\_\_\_\_  
\_\_\_\_\_  
List any medications or supplements your pet is on \_\_\_\_\_

**Professional fees are to be paid at time of services rendered**

We accept cash, checks, all major credit cards and care credit.

I hereby authorize Park Grove Pet Hospital and its veterinarians to examine, prescribe for, or treat the above described pets. I assume responsibility for all charges incurred in the care of my animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_