



Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Your Name _____

Address _____ City _____ State _____ Zip _____

Phone Home (_____) _____ Work (_____) _____ Cell (_____) _____

E-Mail _____

Employer's Name _____

Spouse/Other _____

Spouse/Other's Employer Name & Phone # _____

In case of EMERGENCY, call _____ at phone # _____

We will gladly prepare a written estimate if you so desire. Please ask the receptionist or doctor. Professional fees are due at time services are rendered.

Preferred Method of Payment: Cash Check Credit Card

Would you like us to contact your previous veterinarian to request the patient's records?

Yes

No

Name of Previous Veterinarian _____

How did you hear about us?

Internet/Website

Hospital sign

Yellow Pages ad

Individual

Name _____

Continued on next page...

Animal Medical History

Please complete information for all pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Neutered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Vaccinations	Please note the dates the following vaccines/tests were given.		
	Pet #1	Pet #2	Pet #3
DOGS:			
DA2LPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Corona (Dogs)			
Heartworm Test (Dogs)			
Rabies			
Other Vaccines - Please Specify			
CATS:			
FVRCP (Infectious Diseases)			
FIP (Feline Infectious Peritonitis)			
Rabies			
Other Vaccines - Please Specify			
FELV (Feline Leukemia)			
FELV Test or FIV Test? (Cats)			

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Fecal Test (Stool Exam for Worms)			
Dentistry (Approx Date Work was Done)			
Geriatric Health Screen (Approximate)			
Medical History - Prior Illness/Surgery:			

Please Sign Below

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations. Cook county law requires rabies vaccination for dogs and cats. If not current on rabies vaccination and your pet bites a person or an animal, city of Chicago ordinances require that my pet be quarantined, at my expense, for 10 days.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay all collection agency or attorney fees in the event that my account becomes delinquent for 30 days or more and the account is placed with an outside collection agency or attorney. All accounts 30 days past due are subject to a 5% late fee per month. I understand that a service fee of \$30.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I fail to pick up my pet within 5 days of the discharge date and do not notify Animal Ark Veterinary Clinic, PC within that time period, Animal Ark Veterinary Clinic, PC may assume that Your pet is abandoned and are hereby authorized to make alternate arrangements for the care or disposal of my pet as Animal Ark Veterinary Clinic, PC deem best and/or necessary. Additionally, I will be responsible for any boarding/hospitalization charges incurred during that period and any and all disposal fees. My signature is acceptance to these terms and constitutes an agreement.

Signature _____ Date _____



Healthy Pets Make Us Happy!