



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. **PLEASE PRINT.**

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Number \_\_\_\_\_

Spouse/Other/Co-Owner \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

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.

Patient's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex  Male  Female

Is your pet  friendly  fearful with strangers

Neutered  Unneutered

people aggressive  dog aggressive

Known allergies (food, drug, other) \_\_\_\_\_

Is your pet current on vaccines?  Yes  No Last vaccination date \_\_\_\_\_

**For Dogs:** Last Heartworm Test Date \_\_\_\_\_

**For Cats:** Has your cat been tested for Feline Leukemia and Feline AIDS?  Yes  No

Does your cat go outside?  Yes  No

Name of Previous Veterinarian(s) \_\_\_\_\_

Reason for your visit  Exam and Vaccinations  Medical or Behavioral Problem  Other (Please Specify)

\_\_\_\_\_

How did you hear about us?

Internet/Website

Hospital Sign/Location

Yellow Pages Ad

Friend/Acquaintance

If a friend referred you please list his/her name \_\_\_\_\_

### 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 your pet be quarantined, at your expense, for 10 days.

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 1.5% 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 my 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.

Owner or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_



**Healthy Pets Make Us Happy!**