

NEW CLIENT & PATIENT FORM

Welcome to Palatine Animal Hospital!

In order that we may learn more about you and your pet(s), please complete the following:

Please print clearly.

Date: _____
First & Last Name: _____ Spouse/Other: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____
Employer: _____ Work Phone #: _____
Spouse's/Other's Employer: _____ Work Phone #: _____
Emergency Name & Number: _____
Driver's License #: _____ (required if paying by check)
Email: _____

Please be advised that all professional fees are due at the time services are rendered.

We accept Visa/Mastercard/Discover, check cards, checks w/ID, and cash

How did you learn of our hospital?

Hospital Sign Website AAHA Referral Phone Book Which one? _____
Personal Recommendation Whom may we thank? _____

| Pet(s) Information | Pet #1 | Pet #2 | Pet #3 |
|---------------------------|--------|--------|--------|
| Name | | | |
| Species (Cat, Dog, Other) | | | |
| Date of Birth | | | |
| Breed | | | |
| Color | | | |
| Sex; Spayed or Neutered | _____ | _____ | _____ |

Origin of Pet: (breeder, pet store, stray, newspaper ad, friend) _____

Date of last vaccinations given _____

Name of Last Animal Hospital: _____

Address & Phone Number: _____

Any previous surgeries or serious illnesses? _____

Any known allergies to vaccinations or medications? _____

Is your pet on any medications or prescription food? _____

Hospitalized and boarded animals must be current on all vaccinations and free of external and internal parasites to prevent the spread of diseases and parasites. I authorize the doctor to provide vaccinations and parasite control as needed for my pet if my pet needs to be boarded or hospitalized.

Signature and Date: _____

Thank you for giving us the opportunity to care for your pet!