

TYC _____ Exist Client _____ Reminders _____



**ANIMAL HOUSE
OF CHICAGO**

Date: _____

Owner's Name: _____

Significant Other: _____

Address: _____ Apt _____

City: _____ State: _____ Zip: _____

Primary Phone # _____ (Home Cell Work)

Secondary Phone # _____ (Home Cell Work)

Email: _____

How did you hear about us? _____

In case of an Emergency, please contact (Person different than listed above)

Name: _____ Phone # _____

Patient Name: _____ **Breed(s) Specify:** _____

Age/Birth Date: _____ Color(s): _____ Sex: ____ Neutered? Yes No

Previous Veterinarian/Animal Hospital _____

Please list any prior illness/diseases/medications _____

Professional Fees are due at the time services are rendered.

I understand and acknowledge my responsibility as the owner or caretaker of this animal and agree to pay for all charges incurred during the treatment and or care of this animal at the time services are rendered. I understand that outstanding balances have interest charges (up to 2%) and fees, including ALL collection costs.

If appropriate to the species & to prevent the spread of infectious diseases, hospitalized and/or boarding animals must be current on ALL vaccines and free of internal and external parasites. I understand this requirement and authorize the doctor to provide vaccines and parasite control as needed for my pet(s). I am aware that unforeseen events resulting from treatments, procedures, hospitalization, et cetera will not relieve me of my complete financial obligation to all costs incurred regarding the complete care of my pet.

Signature: _____ Date: _____