

TYC \_\_\_\_\_ Exist Client \_\_\_\_\_ Update DF \_\_\_\_\_ 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.

We invite you to participate in our online system. I agree to allow Demandforce to use this information in providing my services. Features Include:

**\*\*Request Appointments Online\*\* Confirm Appointments via Email\*\* Receive Text Message Reminders\*\* Submit Client Surveys\*\* Refer Your Friends Online\*\***

- Opt In To Text Message  
 Opt In To Email  Opt Out

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_