

WELCOME TO WAUKEGAN PET CLINIC

NAME: _____ DATE: _____

LAST FIRST
SOC SEC#: _____ DRIVERS LICENSE#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

CELL PHONE: _____ E-MAIL: _____ BUS PHONE: _____

SPOUSE OR CO-OWNER: _____

LAST FIRST
HOME PHONE: _____ CELL PHONE: _____

HOW DID YOU LEARN OF PRACTICE? _____

EMERGENCY CONTACT: _____

HOME PHONE: _____ CELL PHONE: _____

PET INFORMATION

PET'S NAME _____ DOG ___ CAT ___

AGE/ BIRTH DATE: _____ SEX: M ___ F ___ BREED: _____

NEUTERED/ SPAYED: YES ___ NO ___ IF YES, AT WHAT AGE? _____

WHERE DID YOU OBTAIN THIS PET? FRIEND ___ BREEDER ___ OTHER ___

AT WHAT AGE WAS THE PET OBTAINED? _____ MONTHS/ YEARS: _____

DIET: (BRAND OF PET FOOD) _____

PET'S HISTORY: CHECK WHAT PET HAS RECEIVED

DISTEMPER: _____ FEL LEUKEMIA TEST: _____ RABIES: _____

PARVOVIRUS: _____ CAT DISTEMPER-RESPIRATORY: _____

DESCRIBE ANY: _____

PRIOR ILLNESS: _____ PRIOR SURGERY: _____

REASON FOR PET'S VISIT? _____

PAYMENT

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. IN CASES OF EXTENSIVE MEDICAL OR SURGICAL PROCEDURES WHERE FULL PAYMENT MAY BE DIFFICULT: WE ACCEPT MAJOR CREDIT CARDS, CITIBANK (UPON APPROVAL). THERE WILL BE A SERVICE CHARGE FOR ANY CHECK RETURNED.

SIGNATURE OF CLIENT RESPONSIBLE FOR PETS: _____

DATE: _____