

## PET REGISTRATION

Thank you for choosing our animal hospital. In order to serve you and your pet better, we would like to collect some information about your pet. We pride ourselves on offering high quality medical care for all pets. Please fill in each field with as much information as possible.

### HELP US KNOW YOUR PET BETTER

Pet's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex:  Male  Female Has your pet been Spayed/Neutered?  Yes  No

• Does your pet have a Microchip or Tattoo?  Yes  No

• Does your pet have any known allergies?  Yes  No

(If yes, please list all allergies) \_\_\_\_\_

\_\_\_\_\_

• Has your pet had previous medical problems or been treated for any major medical problems?  Yes  No

(If yes, please specify)

\_\_\_\_\_

• Has your pet been vaccinated?  Yes  No

(If yes, what vaccinations were received and when?)

\_\_\_\_\_

• When and where did you get your pet?

\_\_\_\_\_

• How often do you feed your pet? Name of food?

\_\_\_\_\_

• What behavioral problems does your pet have?

\_\_\_\_\_

• Please list any problems or concerns you have about your pet, that may help us better care for him/her:

\_\_\_\_\_

*We pledge to do our very best to care for your pet's health at each visit. In return we ask you to accept the responsibility for charges incurred each visit in the treatment of your pet(s) and accept that **payment is due when services are rendered**. Please feel free to ask for an **Estimate** prior to services being provided. We will be happy to answer your questions. **Agreement Terms:** Balances due over 30 days will be assessed a **2% monthly interest charge** (24% APR). Checks returned for non-sufficient funds will be charged **\$30 or 10% returned check fee** (whichever is higher). Additional **collection fees including attorney's fees** will be charged if your past-due account is sent to Collections or Small Claims Court, **at a minimum of 33% of the balance, unpaid balances will be subject to billing & finance charges until balance is paid in full.***

Client Agreement & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***We participate in The Bad Check Restitution Program Sponsored by Cook County State's Attorney Anita Alvarez***