



Arlington Heights
Animal Hospital

OWNER INFORMATION

Owner's Last Name		First Name	Co-Owner/ Spouse
Address		City & State	
Zip	Email		
Primary Phone Number	Cell Number <small>*NOTE THAT APPOINTMENT REMINDERS ARE SENT VIA TEXT MESSAGING*</small>		
Owner's Employer	Owner's Work Phone		
Driver's License Number	COUNTY Cook <input type="checkbox"/> DuPage <input type="checkbox"/> Lake <input type="checkbox"/> Kane <input type="checkbox"/> McHenry <input type="checkbox"/> Other:		

EMERGENCY CONTACT AND/OR AUTHORIZED AGENT

This is a person whom you authorize to make decisions and execute consent and authorization for the pet named on this form.

Contact Name	Phone Number	Relationship
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PATIENT INFORMATION

Pet's Name	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Breed	Color
List Any Previous Medical Conditions		
Allergies to vaccination or medications? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what?	

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of the animal.

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Due to the high cost of bookkeeping and billing, positively no charging allowed except through American Express, Discover, MasterCard, Visa or Care Credit. (Applying for Care Credit only takes a few minutes and there is no fee to apply.) We also accept cash or check. We do not accept post-dated checks and will not hold checks for any period of time. There will be a \$35.00 administration/bank fee for any returned check.

I have completed this form to the best of my knowledge and have read the financial policy and agree to the terms.

Owner/ Signature

Date

**I authorize the release of my phone number, name and/or vaccine information to the Humane Society, County Officials or individuals that have identified my animal by a rabies vaccine tag and wish to contact me to return my pet." I agree

I was referred by family/friend _____ *Refer a friend and receive \$20.00 credit on AHAH account.