



CAROL STREAM ANIMAL HOSPITAL

140 Elk Trail
Carol Stream, Illinois 60188
(630) 462-7888

Thank you for giving us the opportunity to care for your pet. Please help us to meet your needs by taking a moment to complete the following information.

ABOUT YOUR FAMILY...

Date _____

Owner's Name _____ Spouse/Co-owner _____

Names of others authorized to care for your pets _____

Address _____ City, State, Zip _____

County _____ Telephone (Home) _____ (Work)/(Cell) _____

Other Phone Numbers _____

Email _____

How did you first hear of our hospital? Someone we may thank? _____

- Hospital Brochure Hospital Sign Yellow Pages Phone consult Internet

ABOUT YOUR PET...

Name _____	Birth date _____	Sex: <input type="checkbox"/> Male / <input type="checkbox"/> Female	Neutered/Spayed? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Species: <input type="checkbox"/> Dog / <input type="checkbox"/> Cat / <input type="checkbox"/> Ferret / <input type="checkbox"/> Bird / <input type="checkbox"/> Reptile / <input type="checkbox"/> Rodent / <input type="checkbox"/> Other _____			
Breed: _____		Color & Markings _____	
Date of last veterinary exam: _____		Doctor or Clinic name: _____	
Other medical concerns? (e.g., allergies) _____			

Please note...

Professional fees are due at the time services are rendered. Please understand that as a small clinic trying to offer the best in services we cannot extend credit. We will gladly prepare a written estimate before services if practical, and if you desire. We will accept cash, checks with a photo ID, and Visa, MasterCard, Discover and CareCredit™. A \$30.00 state-mandated penalty fee will be charged on checks returned from the bank for any reason, in addition to bank fees, and further services will be denied until cash payment is made. A Monthly Billing Fee of 1.5% of any outstanding balance will be assessed (minimum \$3.00 monthly fee).

For all pets' protection, those hospitalized for medical treatment, or surgical procedures must be current on core vaccinations, including Rabies. Canine patients must have a current Distemper/ Parvovirus inoculation and a negative Heartworm test within the past year; feline patients must have a current FVRCP (Distemper) vaccination; and ferrets must have a current Distemper vaccination.

Owner's signature: _____

Co-Owner's signature: _____

Additional Authorized Caretaker signature: _____