

# Glenview Animal Hospital

## NEW PATIENT & CLIENT INFORMATION

Welcome to The Glenview Animal Hospital. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye.

### CLIENT INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Spouse first name \_\_\_\_\_ Spouse last name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Spouse work phone (\_\_\_\_) \_\_\_\_\_ Spouse cell (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

For check writing privileges, please provide your Driver's License # \_\_\_\_\_ Exp. \_\_\_\_\_

### PATIENT INFORMATION

Pet's name: \_\_\_\_\_ Sex:  Male  Female Neutered or spayed?  Yes  No

Species:  Dog  Cat

Pet's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_, or Age \_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Does your pet have any allergies, special medications, vaccine reactions or health problems we should know about?  
 Yes  No

If yes, what? \_\_\_\_\_

What type of food does your pet eat? \_\_\_\_\_ Treats? \_\_\_\_\_

### How did you become aware of the Glenview Animal Hospital?

Drove by  Yellow pages/411  Internet:  Our website  Other site: \_\_\_\_\_

Other: Please specify \_\_\_\_\_

Referred by friend Whom may we thank? \_\_\_\_\_

**We appreciate payment when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, and Discover.**

**Please circle which method you will be using: Cash Check Visa/Master Card Discover**

### Authorization for examination, treatment, photos, and assumption of financial responsibility

I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. To prevent the spread of infectious diseases and parasites, hospitalized animal must be current on all vaccines and free of internal and external parasites. Any photographs taken of my pet along with my name may be used in electronic or printed material for publicity or advertising purposes.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff initials \_\_\_\_\_