

Elgin Animal Clinic

REGISTRATION

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET. Please help us meet your needs better by taking a moment to share important information which we will need as we provide your pet's health care today and in the future. Please fill out the following information for our files. All information is kept in strict confidence. Also, if there are any future changes, please let us know immediately so we can keep our information current. *Thank You!*

Owner's Name _____
LAST FIRST MIDDLE

Address _____
No STREET CITY STATE ZIP COUNTY

Home Phone _____ Cell _____ Work _____

Email Address _____ Face book ID _____
(LIKE us at facebook.com/ElginAnimalClinic)

Spouse Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Please fill out for **ALL** of your pets **#1** **#2** **#3**

Pet's Name			
Species			
Breed			
Color			
Age/Date of Birth			
Sex	Male / Female	Male / Female	Male / Female
Spayed/Neutered	Yes / No	Yes / No	Yes / No
Microchip Number			

How did you hear about our practice? – Yellow Book Hospital Sign (Drive-by) Mailing/Coupon Other
 Individual, someone we may thank? _____

Payment plan

Please feel free to ask the price of any services you desire before they are rendered. All payments are due at the time of service, as we do not have a billing system and cannot extend credit. We accept cash, checks, Visa, MasterCard, Discover, and American Express. A deposit is requested on all hospitalized patients other than elective surgery.

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal described above. I authorized the veterinarian on duty and assistants to examine, prescribe for, or treat for any necessary and appropriate medical, radiological, nursing, diagnostic, and/or emergency care for the animal and assume full financial responsibility for all charges and services incurred to the described animal.

Signature _____ Date _____