

Hoffman Estates Animal Hospital's Client Information Sheet: 2011

Thank you for giving us the opportunity to care for your pet in 2011! Please fill out the entire form and then sign the bottom. All information will remain confidential.

Client's Name: _____ Spouse/Other's Name: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ What **County** are you in? _____
 Home Phone: _____ Cell Phone: _____
 Client Driver's License # _____ Expires: _____
 Client Employer: _____ Work Phone: _____
 Spouse/Other Employer: _____ Work Phone: _____
 Emergency Contact Ph#: _____ Ask for? _____
 Why did you select us? _____
 If it was a personal referral, please tell us who! We'd like to thank them! _____

Would you like to share your e-mail address with us for our newsletter? We now have a monthly email newsletter to share new information with you. Would you be interested in receiving it? Your address will not be shared. Your e-mail address is: _____.

Please list your pets below:

Dog /Cat	Breed	Pet's Name	Date of Birth	Male / Neutered? Female / Spayed?

Are any of your pet's micro-chipped? If so, please list their names and we will scan for their numbers and make sure that they are entered in the computer. When lost pets are taken to the local shelter and they call us with a microchip number, it's critical for us to have this information!

Payment Options: Our mission is to deliver the finest, most cost-effective health care for your pet. Following a diagnosis, the doctor will advise you of a treatment plan and will discuss the cost of today's and any future treatments. We will gladly prepare a written estimate for you at any time! Payments may be paid with cash, Visa, MasterCard, Discover, or personal check with proper identification. We are sensitive to the fact that urgent veterinary care can be an unexpected expense, therefore we offer **CareCredit Payment Plan** for your convenience. *Payment for today's visit and your future visits are due at the time of treatment and before your pet is released. If any of the bill remains unpaid after 90 days it will be sent to a collection agency and you will be responsible for collection fees and charges. A \$25 Returned Check Fee will be added for any check returned NSF. Your signature below acknowledges that you have read the above paragraph and agree to all of its terms.*

Signature of Owner/Authorized Agent: _____ Date: _____