

Golf-Mil Veterinary Hospital
Thank you for the opportunity to care for your pet!

Date: _____

Owner:
(must be 18 years of age or older)

Spouse/Partner

<i>Title</i>	<i>Last Name</i>	<i>First Name</i>		
Home Address	_____	_____	_____	
	<i>Street</i>			
	_____	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>Zipcode</i>	<i>County</i>

<i>Title</i>	<i>Last Name</i>	<i>First Name</i>		
Home Address	_____	_____	_____	
(or SAME)	<i>Street</i>			
	_____	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>Zipcode</i>	<i>County</i>

Phone Numbers (with area code)

Home: _____
 Work: _____
 Cell: _____
 E-Mail: _____
 Other: _____

Phone Numbers (with area code)

Home: _____
 Work: _____
 Cell: _____
 E-Mail: _____
 Other: _____

Payment in full is due at the time of service.
Please indicate your preferred method of payment.

Cash	<input type="checkbox"/>
Personal Check	<input type="checkbox"/>
MC/Visa	<input type="checkbox"/>
Discover	<input type="checkbox"/>
American Express	<input type="checkbox"/>
Care Credit	<input type="checkbox"/>

(Veterinary line of credit)

How did you become aware of Golf-Mil Veterinary Hospital?

Client Referral [☆] Referred by _____
(client's name)

☆ Ask about our Client Referral Reward Program

Phone Book-Chicago	<input type="checkbox"/>	Internet - Google	<input type="checkbox"/>
Phone Book-Suburb	<input type="checkbox"/>	Internet - Yelp	<input type="checkbox"/>
Drove by / Sign	<input type="checkbox"/>	Internet -Yellowpages.com	<input type="checkbox"/>
Previously a client	<input type="checkbox"/>	Internet - Other	<input type="checkbox"/>
*Professional Referral	<input type="checkbox"/>	* Pet Store/Shelter	<input type="checkbox"/>

* (Please specify)

Please be prompt for your pet's veterinary appointments.

Because treatment sessions are reserved by appointment, a cancellation charge of \$50.00 will be billed for appointments missed without prior notice. When you neglect to cancel your appointment, we are not able to offer this time slot to another pet in need of our services. Thank you for your professional consideration and courtesy.

Initial _____

Date _____

PET'S NAME: _____

Breed: _____

Color: _____

Date of Birth: _____

Sex: (circle one) F FS(spayed) M MN(neutered)

PET WAS ACQUIRED AT:

Breeder

Pet Store

Private Home

Shelter _____

Stray (Shelter Name)

Has your pet been seen by a veterinarian previously? _____ NO _____ YES

If yes: At what animal hospital was your pet previously seen? _____

When was your pet last examined by a veterinarian? _____

Does your pet have any reaction to medications or vaccinations? _____ NO _____ YES

Please specify if yes: _____

Is your pet on any medication or nutritional supplement now? _____ NO _____ YES

Please specify if yes: (Please list medication and dosage if possible)

CANINE - vaccines/tests (date last received or performed on)

Rabies _____

DAPP (distemper group) _____

Bordetella (kennel cough) _____

Lyme Disease _____

Leptospirosis _____

Heartworm test _____

Fecal Parasite Exam _____

FELINE - vaccines/tests (date last received or performed on)

Rabies _____

FRCP (distemper group) _____

Leukemia _____

FeLV/FIV Test _____

Heartworm Test _____

Fecal Parasite Exam _____

I consent to the use/publication by Golf-Mil Veterinary Hospital of any photograph(s), prints or reproductions provided by me or my family members or taken by Golf-Mil Veterinary Hospital of my pet. These photographs of (pet listed) may be used on the internet website, and in public relations and marketing materials including, but not limited to, brochures, local or regional magazine advertisements and/or articles.

Signature