

Client # _____
Receptionist _____

Welcome to Palos Animal Hospital

Last Name: _____ First Name: _____
Spouse/Other Last Name: _____ First Name: _____
Address _____ City _____
State _____ Zip _____ County: Cook Will DuPage Other: _____
Email Address _____ Primary Phone: () _____
Cell Phone: () _____ Spouse/Other Cell: () _____
Work: () _____ Spouse/Other Work: () _____
Occupation: _____ Occupation: _____

How did you become aware of our hospital? (Check one)

Hospital Sign Internet Pet Store/Hospital
 Did a Friend or Relative Recommend us? (Their Name) _____
(Their pet's name) _____

**FOR DOGS, WE MAY USE PEANUT BUTTER AS A TREAT OR A DISTRACTION.
PLEASE LET US KNOW IMMEDIATELY IF ANYONE IN YOUR FAMILY HAS A PEANUT ALLERGY.**

Pet's Name: _____ Male or Female? _____ Spayed or Neutered? _____
Birthdate: _____ Dog/Cat/Other: _____ Breed: _____ Color: _____
Vaccination History (Date & type of last vaccines): _____

Date of last intestinal parasite (stool) exam _____ Date of last heartworm blood test _____
Any special diets or medications? _____
Any serious illnesses or surgeries? _____
Any allergic reactions to vaccines or medications? _____
Reason for today's visit: _____
Previous medical records may be obtained from: _____

All fees are due upon completion of today's visit.
We accept cash, checks,* CareCredit, Visa, MasterCard, Discover and American Express.
If you 65 years of age or older, please ask about our senior citizen discount on certain services.
Business checks are not accepted unless your name is printed on the check with the business name.

Signature _____ Date _____

Last Name: _____ First Name _____

Additional Pets

Pet's Name: _____ Male or Female? _____ Spayed or Neutered? _____

Birthdate: _____ Dog/Cat/Other: _____ Breed: _____ Color: _____

Vaccination History (Date & type of last vaccines): _____

Date of last intestinal parasite (stool) exam _____ Date of last heartworm blood test _____

Any special diets or medications? _____

Any serious illnesses or surgeries? _____

Any allergic reactions to vaccines or medications? _____

Reason for today's visit _____

Previous medical records may be obtained from _____

Pet's Name: _____ Male or Female? _____ Spayed or Neutered? _____

Birthdate: _____ Dog/Cat/Other: _____ Breed: _____ Color: _____

Vaccination History (Date & type of last vaccines): _____

Date of last intestinal parasite (stool) exam _____ Date of last heartworm blood test _____

Any special diets or medications? _____

Any serious illnesses or surgeries? _____

Any allergic reactions to vaccines or medications? _____

Reason for today's visit _____

Previous medical records may be obtained from _____