

Welcome to Animal Medical Center of Chicago

Thank you for choosing us for your veterinary care. In order to serve you we will need the following information. All the information will be kept strictly confidential. Please read the payment information at bottom, and sign in the space provided.

PLEASE PRINT

Owner's Name _____	Date	_____
Address _____	City	_____ Zip Code _____
Home Phone () _____	Cell Phone () _____	
E-mail Address _____		
Driver's License No. _____	Social Security No. _____	
Owner's Employer _____	Business Number _____	

Co-Owner's Name _____		
Address _____	City	_____ Zip Code _____
Home Phone () _____	Cell Phone () _____	
E-mail Address _____		
Co-Owner's Employer _____	Business Number _____	

Emergency Contact _____ Phone _____

Patient's Name _____ Date of Birth _____

Breed _____ Sex Male Neutered

Color _____ Female Unneutered

Is your pet friendly fearful with strangers?

Known Allergies (food, drug, other) _____

Has your pet been treated for any illness in the past year? Yes No Specify problem(s), medication and dosage, if known.

Last Vaccination Date _____

For Dogs Last Heartworm Blood Test Date _____

For Cats Has your cat been tested for Feline Leukemia Disease? Yes No Feline AIDS? Yes No

Does your cat go outside? Yes No

List present medication or vitamin supplementation _____

Previous Veterinarian(s) where past records may be obtained _____

Reason for your visit Examination and Vaccination Medical or Behavioral Problem Please specify.

Would you like your pet's reminders to be mailed emailed ?

How did you hear about us? Friend/Acquaintance Location Search engine _____ Our website

Other, please specify _____

If a friend referred you, to whom may we send a thank you gift card? _____

I assume responsibility for all charges incurred in the care of this pet. I understand that payment, in the form of Cash, Personal Check, Visa, MasterCard, Discover or American Express, is expected when services are rendered. A signed Health Care Plan will be required for all hospitalized pets.

Owner or Responsible Party (signature is required) _____