



ANIMAL HOSPITAL OF LAKE VILLA CLIENT INFORMATION



Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this form.

Owners Name _____

Spouse/Other _____

Address _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Phone: Home _____ **Work** _____ **Mobile** _____

Email Address _____

**We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.
PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

How did you first hear of our hospital?

Individual; Someone we may thank? _____

Hospital Sign Google Search Facebook Money Mailer Website

Post Card Mailed Brochure Other _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet. I assume responsibility for all charges incurred in the care of this (these) animal(s). I also understand that these charges will be paid at the time of release, unless prior arrangements have been made. A deposit may be required for inpatient procedures at the discretion of the Animal Hospital of Lake Villa. I agree to pay all outstanding balances together with any other charges (finance and/or collection) due thereon. I understand that personal checks are not taken as a form of payment and I will provide payment in the form of cash, Care Credit, Visa, Mastercard, American Express, Discover or debit cards.

Signature of Owner or duly authorized agent _____

Date _____

Comments _____