



# Randall Orchard Crossing Animal Hospital

1045 Orchard Road, North Aurora, IL 60542

Phone: (630) 723-6369 Fax: (630) 618-4824

## 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 share important information which we will need as we provide your pet's health care today and in the future. Please fill out the following information for our files. All information is kept in strict confidence. Also, if there are any future changes, please let us know immediately so we can keep our information current.

*Thank You!*

Owner's Name \_\_\_\_\_  
LAST FIRST SPOUSE/OTHER

Address \_\_\_\_\_  
CITY STATE ZIP

Primary Phone(\_\_\_\_\_) \_\_\_\_\_ Alt. Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Kane, DuPage or other \_\_\_\_\_ Drivers License # \_\_\_\_\_ SS # \_\_\_\_\_

**Please fill out for all your pets**

**#1**

**#2**

**#3**

	#1	#2	#3
Pet's Name			
Species (cat, dog, other)			
Breed			
Description (Color/Markings)			
Age/Date of Birth			
Sex			
Spayed/Neutered			
Microchip Number			

**MEDICAL HISTORY:**

Prior Illness			
Prior Surgery			
Known Allergies			
Date of last Vaccines			
Diet			
Current Medications			
Aggression/Behavioral Issues			

**HOW DID YOU HEAR ABOUT OUR PRACTICE?**

Individual, someone we may thank? \_\_\_\_\_

Yellow Pages  Hospital Sign  Mailing  Other \_\_\_\_\_

Do you qualify for our Senior Citizen Discount? (age 65 or older) Yes  No

**PAYMENT POLICY**

Please feel free to ask the price of any services you desire before they are rendered. All payments are due at the time of services, as we do not have a billing system and cannot extend credit. We accept cash, checks and all major credit cards. A deposit is requested on all hospitalized patients other than elective surgery.

Signature \_\_\_\_\_

Date \_\_\_\_\_