

# OAKTON ANIMAL HOSPITAL

851 OAKTON STREET

ELK GROVE VILLAGE, IL 60007-1904

G. P. EPHRAIM, D.V.M.

## CLIENT INFORMATION

(Please return this form completed and signed to the reception desk)

How did you first hear about us?  I Am a Returning Client  Web Yellow Pages  Groomer  
 Phone Book  Sign/Driving By  Our Web Site  Friend \_\_\_\_\_.

Please Tell Us Your Friend's Name. We'd like to thank them.

Would you like a hospital tour if time permits?  Yes  No

DATE: \_\_\_\_\_

NAME:  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_  
Last First

SPOUSE/SIGNIF. OTHER  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT#./UNIT # \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY:  Cook  DuPage  Other \_\_\_\_\_

(Required for County Rabies Registration)

HOME PHONE NUMBER: (Please include area code) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK PHONE NUMBER: (Please include area code) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ C

CELL PHONE NUMBER: (Please include area code) \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT \_\_\_\_\_

EMERGENCY PHONE NUMBER: (Please include area code) \_\_\_\_\_

### **THE FOLLOWING INFORMATION IS KINDLY REQUESTED.**

BANK: \_\_\_\_\_ CHECKING ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVER'S LICENCE #: \_\_\_\_\_ STATE \_\_\_\_\_

### **Patient Information**

Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ How many pets in your household? \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Lived with you since \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered \_\_\_\_\_

Current on yearly vaccinations?  Yes (Date given \_\_\_/\_\_\_/\_\_\_)  No  Not sure

Pertinent current/Previous Medical Conditions: \_\_\_\_\_

**Full payment is required at the time services are rendered. If your pet is hospitalized, full payment will be required at the time of his/her release. Visa and MasterCard accepted.**

**I have read the preceding statements and understand their meaning.**

**Signature of owner** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_