

CLIENT INFORMATION

979 1575th St. 5th St. Rd.
Lincoln, IL 62656
217-732-7125

Primary Owner

FirstName _____
Last Name _____
Address _____ City _____ State _____
Zip _____ County _____ Phone (Daytime) _____ Home/Mobile/Work (Circle)
Employer _____ Phone (Evening) _____ Home/Mobile/Work (Circle)
Driver's License Number _____ Social Security Number _____ - _____ - _____

E-mail Address _____ *Office Use Only: Date* _____ *Initials* _____
Fill in your e-mail address if you would like to receive reminders, health alerts, and periodic bulletins from Greenhaven Animal Clinic. We will not give out your e-mail address.

Spouse/ Co-Owner

First Name _____ Last Name _____
Employer _____ Phone (Daytime) _____ Home/Mobile/Work (Circle)
Phone (Evening) _____ Home/Mobile/Work (Circle)

Emergency Contact Information

First Name _____ Last Name _____
Phone (Daytime) _____ Home/Mobile/Work (Circle)

Please let us know how you heard about Best Friends Animal Hospital

- Individual. Someone we may thank? _____
- Yellow Pages Location
- Facebook /Pinterest Pet Store / Humane Society
- Website / Internet Other Veterinarian

Notices

Payment is due at the time services are rendered. Balances not paid in full will be subject to additional collection fees and/or attorney fees incurred in the collection process. There is a \$35 fee for returned checks.
Unless directed otherwise, Best Friends Animal Hospital, its representatives and employees reserve the right to take photographs of clients and their pets, and to copyright, use and publish the same in print and/or electronically for the purpose of publicity, illustration, advertising and Web content.

Print Name _____ **Signature** _____ **Date** _____

Pet's Name: _____
Date of Birth or Age _____
Species: Dog Cat Other _____
Breed: _____
Sex: Male (neutered? yes no)
 Female (spayed? yes no)
Color / Markings: _____
Vaccinations were given last by (clinic name):
_____ Date: _____
Allergies or Long-term Medical Problems:

List Any Additional Pets in the Household:

Office Use Only: Initials _____ *Date* _____