



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 fill out the following information for our files. All information is kept in strict confidence.

Thank You!

Owner's Name _____
LAST FIRST SPOUSE/OTHER

Address _____
CITY STATE ZIP

Primary Phone (_____) _____ Alt. Phone (_____) _____ Email _____

Kane, DuPage or other _____ Drivers License # _____ Date of Birth _____

Please fill out for all your pets

#1

#2

#3

	#1	#2	#3
Pet's Name			
Species (Cat or Dog)			
Breed			
Description (Color/Markings)			
Age/Date of Birth			
Sex			
Spayed/Neutered			
Microchip Number			
MEDICAL HISTORY:			
Prior Illness or 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

Do you qualify for our **Military Discount**? Yes No

May we use your pet's picture on our social media/hospital website? Yes No

PAYMENT POLICY

All payments are due at the time services are rendered; we **DO NOT** invoice or have lines of credit. We accept cash, all major credit cards, and care credit. We do **NOT** accept checks. **Any outstanding balances will be sent to collections.**

Signature _____

Date _____