ANIMAL CARE CENTER OF PLAINFIELD

14411 S. Rt. 59, Plainfield, IL 60544 | (815) 436-8387

OWNER INFORMATION:

First Name: ______________________ Last Name: ______________________

Address: ____

City, State, Zip Code: ____

County: __________ Driver License #: ______________ Date of Birth: ____________

Email Address: ____

Primary Contact Number: __________________________ Type: ____________

Secondary Contact Number: __________________________ Type: ____________

Additional Authorized Person(s): ____

Previous Veterinary Clinic: ______________________ Pet Insurance Co: ____________

PET(S) INFORMATION:

NAME:	SEX M OR F:	CANINE OR FELINE:	DOB:	BREED:	COLOR:	MALE NEUTERED OR FEMALE SPAYED:	MICROCHIP #:

HOSPITAL RELEASE: The clinic is to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense services unless prior arrangements have been made. If I neglect to pick up my pet within 5 days of the scheduled pick up date and do not notify you within that time frame you may assume that the pet is abandoned and are hereby authorized to make decision(s) regarding the pet as you deem best and/or necessary.

UPPER RESPIRATORY WAIVER: I am fully aware of my pet being at risk of any infectious respiratory diseases while in boarding, hospitalization, daycare, grooming and/or having surgery. I am aware that I am responsible for any costs of treatment and or medications my pet may need during its' stay within the hospital and after going home

SOCIAL MEDIA DISCLAIMER: I am fully aware that my pet could potentially be photographed or video-graphed during their stay at our hospital. These images would be exclusively used for marketing purposes. You may find them on our website and social media accounts: Facebook, Instagram, LinkedIn & SnapChat.

FINANCIAL AGREEMENT: I understand that PAYMENT IS DUE AT THE TIME OF SERVICE. I recognize that this facility does not offer payment plan options. I hereby agree to the following terms and conditions. There is a 1.5% monthly late charge assessed on all balances after 30 days past due. Checks and credit cards, which are declared with non-sufficient funds, will be charged a $25.00 service fee. Also, the undersigned agrees to pay a collection fee of 33% of the total owed when sent to collection, all attorney fees, and court costs incurred by the creditor. All the information provided is correct.

____

OWNER SIGNATURE TODAY'S DATE