



**Animal Clinic
at New Lenox**

Welcome to Our Family!

Thank you for giving Animal Clinic at New Lenox the pleasure of caring for your pet!

Tell us about yourself!

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Would you like to receive e-reminders? Yes No

Home Phone: _____ Cell: _____ Work Phone: _____

Co-Owner Information:

Name: _____ Phone: _____

Tell us about your pets!

Pet's Name: _____ Birthdate or Age: _____

Dog Cat Male Neutered Female Spayed

Breed: _____ Color/Markings: _____

Pet's Name: _____ Birthdate or Age: _____

Dog Cat Male Neutered Female Spayed

Breed: _____ Color/Markings: _____

How did you hear about us?

Drive by/sign Internet Referral Shelter Event - please specify: _____

Referral: Is there a client, business or organization we can thank for your referral?

All professional fees are due at the time services are rendered and/or at the time of discharge. We will gladly prepare a written treatment plan of service fees if requested. Accepted payment methods are: cash, debit card, major credit cards (American Express, Discover, Mastercard, Visa), and Care Credit. A **\$25.00** service charge will be incurred on any returned payment. **I understand and agree that I am at least 18 years old, have read and understand the above terms, and hereby agree to abide by and adhere to these terms. The signature below authorizes the veterinarian to examine, prescribe for, and/or treat my pet(s) listed on this account.**

Signature of client responsible for pet(s) _____ Date _____