

EAST LAKE HOSPITAL FOR ANIMALS, LTD.

3180 N. VERMILION STREET • DANVILLE, ILLINOIS 61832

TELEPHONE (217) 446-3010



CLIENT/PATIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date _____ Client account number _____

Owner's Name: _____ Spouse/Other: _____

Address: _____

City _____ State _____ Zip Code _____ Home Phone _____

Cell Phone(s) _____ Work Phone _____

Driver's License # _____ State _____

Employer's Name and Address _____

Spouse's Other's Employer & Address _____

At what time _____ and at what phone number _____ is it best to call about your pet?

Email address _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ALL ANIMALS ADMITTED FOR HOSPITALIZATION, BOARDING AND GROOMING MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. Should you pet require medical attention, all efforts will be made to contact you. If we are unable to reach you medical care will be provided to your pet at the discretion of the veterinarian on duty.

I authorize the doctors and staff of East Lake Hospital for Animals to provide vaccines, parasite control and medical care as needed for my pet. I understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**, and that I agree to pay all reasonable costs East Lake incurs to collect this debt. This includes, unless prohibited by law, all reasonable attorney's fees, court costs, collection agency fees, and other related collections costs or contingencies. I understand that if any unpaid balance is turned over to East Lake's collection agency that a fee ranging from 33%-50% will be added to the total balance due. This authorization remains in effect until this office receives notification otherwise.

Date _____ Signature of Responsible Party _____

Please select method of payment for today's services: CASH ___ CHECK ___ CARE CREDIT ___

We will gladly prepare a written estimate if you desire. VISA ___ MASTERCARD ___ Discover ___

Please ask the receptionist or doctor. AMERICAN EXPRESS ___

How did you first hear of our hospital? _____

THANK YOU FOR YOUR TIME AND COOPERATION. PLEASE LET US KNOW IF YOU HAVE ANY SUGGESTIONS OR COMMENTS. YOUR OPINION IS IMPORTANT TO US.



MEMBER AMERICAN ANIMAL HOSPITAL ASSOCIATION

Patient Clinic Letter			
	Pet#1	Pet#2	Pet#3
Patient Name			
Species			
Sex Spayed/Neutered			
Breed			
Color			
Date of Birth			
Microchip #			
Diet (type of food)			
Current Medications			
Previous Illness			
Previous Surgery/Dental			
Indoor/Outdoor/Both			
Length of Time Owned			
Pet Origin/Source			
DATES OF LAST VACCINATIONS/LAB			
CANINE			
Rabies			
DHLP (Distemper combination)			
Parvo			
Corona			
Lepto 4 way			
Bordetella (Kennel Cough)			
Lyme			
Heartworm Test-result			
Fecal-result			
FELINE			
Rabies-duration			
FVRCP			
Feline Leukemia			
FIP			
FeLV			
FeLV/FIV test-result			
Fecal-result			
Exotics			
Fecal-result			
Psittacosis test-result			
Ferret Distemper			
Rabies			
Other			