



## **Client/Pet Registration and History**

**Chester Animal Hospital LLC**

150 Taggart Lane

Chester, IL 62233

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health to insure the best care possible. Please take the time to fill in this form completely. Thank You!

### **Registration**

Date \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_  
Driver's License: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation to Owner \_\_\_\_\_  
Who referred you to the clinic? \_\_\_\_\_  
Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_

### **Pet History**

1) Name of Pet \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Diet: \_\_\_\_\_  
\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_ Current Medications: \_\_\_\_\_  
Vaccine History (Date & Type): \_\_\_\_\_  
\_\_\_\_\_  
Reason for Visit: \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

Method of payment     Cash     Check     Mastercard     Visa     Discover     Other \_\_\_\_\_