



WELCOME TO OUR PRACTICE

Thank you for choosing South Loop Animal Hospital.
We look forward to providing a lifetime of care for your pets.

CLIENT INFORMATION

CLIENT ID#

Last Name_____ First Name_____

Spouse/Co-owner Last Name_____ First Name_____

Address_____ Apt./Unit #:_____

City_____ State_____ Zipcode_____

Home Phone_____ Cell_____

Work #_____ Email_____

Emergency Contact Name_____ Phone_____

Driver's License # (or ID #) and Issuance State_____

HOW DID YOU FIND OUT ABOUT OUR HOSPITAL?

___Our Sign ___Internet ___Location ___Other:
___Personal Recommendation. If so, whom may we thank?_____

AUTHORIZATION

In admitting my pet(s) for examination, diagnostics, treatment, or surgery, I authorize the veterinarians of **South Loop Animal Hospital**, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

I assume responsibility for all charges incurred in the care of my pet. I understand that professional fees are to be paid at the time services are performed. Further, a 50% deposit is required for hospitalization and/or surgical treatment. **We will gladly prepare an estimate of fees at your request**

Client Signature_____ Date_____

Methods of payment we accept:

Cash, Mastercard, Visa, Care Credit, and Checks