



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 _____

Address _____ Apt./Unit # _____

City _____ State _____ ZIP Code _____

Home Phone _____ Work _____

Cell _____ Email _____

Driver's License # or ID # _____ State _____

Co-owner Last Name _____ First Name _____

My pet's co-owner is my: *Please check the most appropriate box*

Spouse Significant Other Relative Friend Other _____

Emergency Contact Name _____ Phone _____

HOW DID YOU FIND OUT ABOUT OUR HOSPITAL? _____

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.***

Methods of payment we accept:

Visa, MasterCard, Care Credit, Cash, and Checks

Client Signature _____ Date _____