CHENOA VETERINARY CLINIC, P.C.
&
LASER SURGERY CENTER

Susan Albright, DVM & Associates

400 Sunset

Chenoa, IL 61726

Phone/Fax 815-945-7811

WELCOME!

Thank you for giving us the opportunity to care for your pet! To ensure the best possible care, please take the time to fill out this form completely. Thank you!!

REGISTRATION

Date____________________ **Driver's License#**______________________________________

Name____ **County**________________

Address_________________________________ **City, State, Zip**_______________________

Home Phone___________________ **Work**__________________ **Cell**____________________

Email____

Emergency Contact Name__________________________ **Phone**______________________

Referred by____

PET INFORMATION- Pet #1

Name of Pet______________________________ **Breed**_______________________________

Color____________________________________ **Approx Birthday**_______________________

Circle One: DOG CAT EQUINE OTHER **Sex:** MALE FEMALE *(circle one)*

Neutered/Spayed? YES NO UNSURE *(circle one)*

Microchipped? YES NO UNSURE *(circle one)* **Pet Insurance?** YES NO *(circle one)*

PET INFORMATION- Pet #2

Name of Pet______________________________ **Breed**_______________________________

Color____________________________________ **Approx Birthday**_______________________

Circle One: DOG CAT EQUINE OTHER **Sex:** MALE FEMALE *(circle one)*

Neutered/Spayed? YES NO UNSURE *(circle one)*

Microchipped? YES NO UNSURE *(circle one)* **Pet Insurance?** YES NO *(circle one)*

AUTHORIZATION FOR TREATMENT

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal(s). I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Payment methods accepted are Mastercard, Visa, Discover, cash and personal checks. I understand that should the bank fail or be unable to honor any check given in payment for services rendered, the entire balance shall be considered in default and immediately become due and payable. Finance charges from the date of default at the rate of 1.75% per month (21%APR) or the maximum rate allowable by law, whichever is greater, shall be added to the account. Also all collection and/or attorney fees necessary to collect the full amount due to Chenoa Veterinary Clinic will be my responsibility. I certify that I have read the above statements and understand the terms and conditions thereof before signing below.

Signature____ **Date**____________________