

Hoffman Estates Animal Hospital

New Client Information Sheet

Thank you for giving us the opportunity to care for your pet! Please fill out the entire form and sign the bottom. All information will be kept confidential and is for our use only.

Client's Name: _____ Spouse/Partner's Name: _____
Children's Names: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ County: (Circle one) Cook Lake Du Page Kane McHenry
Home Phone: _____ Work Phone: _____
Cell Phone #1: _____ Cell Phone #2: _____
Emergency Contact Ph#: _____ Ask for? _____

Pet's in the home _____

How did you hear about our hospital? Please check all that apply.

Our Website: ___ Google Search: ___ AAHA Search ___ Internet Search Engine ___
Personal Referral: ___ Magazine Ad/Which Magazine: ___ Other: _____

If it was a personal referral, please tell us who it was! We'd like to thank them with a \$10 off coupon!
Name of person who referred you: _____

We email a monthly newsletter to our clients and may also send appointment reminders, pet food recalls, health alerts and information about upcoming events.

Email address you'd like us to use: _____

Our mission is to deliver the finest, most cost-effective health care for your pet. Following an examination, the doctor will recommend a wellness plan or a treatment plan and provide you with information about the cost of those services. We will gladly prepare a written estimate for you at any time! Payments may be paid with cash, Visa, MasterCard, Discover, or personal check with proper identification. We are sensitive to the fact that urgent veterinary care can be an unexpected expense; therefore we can offer a **Care Credit Credit Card** for your convenience.

Payment for today's visit and your future visits are due at the time of treatment and before your pet is released. If the balance on your account remains unpaid after 90 days, it will be sent to a collection agency and you will be responsible for collection fees and charges. A \$25 Returned Check Fee will be added for any check returned NSF.

By checking the following box, you give us permission to use and publish your name, photos or videos of you and/or your pet for publicity, fundraising and promotional purposes on our website, on Facebook and/or in our hospital advertising. **Yes € No €**

By signing this form, you acknowledge that you have read the entire form and agree to all of the terms.

Signature of Owner/Authorized Agent: _____ **Date:** _____