

OAKTON ANIMAL HOSPITAL

851 OAKTON STREET
ELK GROVE VILLAGE, IL 60007-1904

G. P. EPHRAIM, D.V.M.

CLIENT INFORMATION

(Please return this form completed and signed to the reception desk)

How did you first hear about us? I Am a Returning Client Web Yellow Pages Groomer
 Phone Book Sign/Driving By Our Web Site Friend _____.

Please Tell Us Your Friend's Name. We'd like to thank them.

DATE: _____

NAME: Mr. Mrs. Ms. Dr. _____
Last First

SPOUSE/SIGNIF. OTHER Mr. Mrs. Ms. Dr. _____

STREET ADDRESS: _____ APT#./UNIT # _____ CITY: _____

ZIP CODE: _____ COUNTY: Cook DuPage Other _____

(Required for County Rabies Registration)

HOME PHONE NUMBER: (Please include area code) _____

CELL PHONE NUMBER: (Please include area code) _____

EMPLOYER: _____

WORK PHONE NUMBER: (Please include area code) _____

E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY, CONTACT _____

EMERGENCY PHONE NUMBER: (Please include area code) _____

Patient Information

Dog ___ Cat ___ Other _____ How many pets in your household? _____

Name _____ Age of Pet _____ Lived with you since _____

Breed _____ Color _____ Male _____ Female _____ Neutered _____

Current on yearly vaccinations? Yes (Date given ___/___/___) No Not sure

Pertinent current/Previous Medical Conditions: _____

Full payment is required at time of service. If your pet is hospitalized, full payment will be required at the time of his/her release. Visa/MasterCard/Discover/American Express/Trupanion Express Pay/Care Credit accepted.

I have read the preceding statements and understand their meaning.

Signature of owner _____ Date ___/___/___