

**RANDALL OAKS ANIMAL HOSPITAL**

7014 HUNTLEY RD. CARPENTERSVILLE, IL 60110  
847-428-8430

**CLIENT INFORMATION**

NAME: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_  
(Last) (First)

Children (Names/Ages): \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

HOME TELEPHONE: ( ) COUNTY: \_\_\_\_\_

CELLULAR TELEPHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
(Name) (Telephone)

SPOUSE/OTHER EMPLOYER: \_\_\_\_\_  
(Name) (Telephone)

How did you hear about our practice? (circle one)  
Referred by: \_\_\_\_\_  
Yellow Pages Mailing Drive by Other: \_\_\_\_\_

NAME / PHONE NUMBER OF PREVIOUS VETERINARIAN: \_\_\_\_\_

Do you have pet insurance? (circle one) YES NO  
If NO, would you be interested in information on pet insurance? (circle one) YES NO

PAYMENT IN FULL IS DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED. FOR YOUR CONVENIENCE, WE ACCEPT CASH, CHECKS, AND MAJOR BANKCARDS (VISA, MASTERCARD, DISCOVER) AS FORMS OF PAYMENT. THE ABOVE LISTED CUSTOMER AGREES, BY SIGNING THIS AUTHORIZATION, TO PAY INTEREST AT THE RATE OF 1.50% PER MONTH, WHICH IS THE ANNUAL PERCENTAGE RATE OF 18%, ON ANY PAST DUE ACCOUNT, AND TO PAY THE REASONABLE ATTORNEY'S FEES AND COURT COSTS OF RANDALL OAKS ANIMAL HOSPITAL THAT ARE INCURRED IN THE COLLECTION OF ANY PAST DUE ACCOUNT.

I HAVE READ / COMPLETED THIS FORM, UNDERSTAND IT, AND AGREE TO ITS TERMS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ (for staff use: Client ID# \_\_\_\_\_ )

## **PET INFORMATION**

1) Pet's Name \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_  
Male / Female      Spayed / Neutered / Intact      Family pet / Breeding or Show Animal  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate \_\_\_\_\_  
Current diet (type and amount fed) \_\_\_\_\_  
Current medications \_\_\_\_\_  
Previous health problems \_\_\_\_\_  
Additional information \_\_\_\_\_  
(for staff use: Patient ID# \_\_\_\_\_)

2) Pet's Name \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_  
Male / Female      Spayed / Neutered / Intact      Family pet / Breeding or Show Animal  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate \_\_\_\_\_  
Current diet (type and amount fed) \_\_\_\_\_  
Current medications \_\_\_\_\_  
Previous health problems \_\_\_\_\_  
Additional information \_\_\_\_\_  
(for staff use: Patient ID# \_\_\_\_\_)

3) Pet's Name \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_  
Male / Female      Spayed / Neutered / Intact      Family pet / Breeding or Show Animal  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate \_\_\_\_\_  
Current diet (type and amount fed) \_\_\_\_\_  
Current medications \_\_\_\_\_  
Previous health problems \_\_\_\_\_  
Additional information \_\_\_\_\_  
(for staff use: Patient ID# \_\_\_\_\_)