



Cleveland Veterinary Clinic
 400 N McLean Blvd
 South Elgin, IL 60177
 (847) 697-4066

Client Registration Form

CLIENT NAME:
SPOUSE NAME:

ADDRESS:
CITY:
ZIP:
COUNTY:

PHONE: HOME: _____ **CELL:** _____ **OTHER** _____:

EMAIL ADDRESS (TO ACCESS YOUR PET'S MEDICAL RECORDS 24 HOURS A DAY): _____

ARE YOU OVER 65 YEARS OLD? Y / N

HOW DID YOU HEAR ABOUT US? (Circle one):

YELLOW PAGES

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OUR WEBSITE

DRIVE BY

REFERRAL, REFERRED BY _____

OTHER _____

<u>Pet # 1</u>	<u>Pet # 2</u>
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Species: Dog / Cat / Other _____	Species: Dog / Cat / Other _____
Breed: _____	Breed: _____
Sex: Male / Female Spayed / Neutered Y / N	Sex: Male / Female Spayed / Neutered Y / N
Color: _____	Color: _____

I certify that I am the owner or authorized agent of the owner of the pet(s) described above and can make medical decisions on their behalf. I understand that payment is expected at the time of service and I am responsible for any legal fees incurred in collecting any unpaid balances.

SIGNATURE _____

DATE _____

SIGNATURE OF PERSON PRESENTING THIS
 PET FOR TREATMENT IF OTHER THAN OWNER _____