Welcome *to All Pets Veterinary Hospital, P.C.* Please complete this form to the best of your knowledge. All information will remain confidential and for internal use only. Thank you

Owner's Name: ____
(Must be at least 18 years of age) **First** **Middle** **Last**

Address: ____
City State Zip

Home Phone: ________________________ Cell Phone: ________________________ Work Phone: ________________________ Ext: ______

Employer: ____ Occupation: ____

Driver's License Number: ____

Secondary Contact / Co-Owner Name (please circle as co-owner or contact person - * Co-Owners will have legal rights to the pets listed on the account until a court order or letter from the co-owner stating that the co-owner has relinquished all right to the pet(s). Co-Owners are also financially responsible for services provided for the patient(s) :

____
First **Middle** **Last**

Home Phone: _________________________ Cell Phone: _____________________________ Work Phone:___________________

Employer: ____ Occupation: ____

Driver's License Number: ____

****

Patient Information

Pets' name: ____ Female: ______ Spayed: ______

Date of Birth: ______/______/__________ Male: ______ Neutered: ______

Breed: ____ Color: ____

Pet's last vaccination date: ____

If necessary for medical treatment, may we request your pet's past medical records? Yes _____ No _____

Previous Doctor or Hospital's name: ____
City State

Does your pet have any health problems we should be aware of? If so, please describe below.

____

Reason for today's visit: ____

Second Pets' name: ____ Female: ______ Spayed: ______

Date of Birth: ______/______/__________ Male: ______ Neutered: ______

Breed: ____ Color: ____

Third Pets' name: ____ Female: ______ Spayed: ______

Date of Birth: ______/______/__________ Male: ______ Neutered: ______

Breed: ____ Color: ____

Privacy Information

In accordance with the Illinois State Veterinary and Surgery Practice Act, Par. 115 Sect 25.17, we are allowed to release information to only the client owner/co-owner. We can release information to another party only with an owner/co-owner written authorization or by court order.

We will not release any information pertaining to your pet(s) unless it is in a consultation with other veterinary personnel regarding your pet's case or unless it is in regards to official city/county business and animal control.

Any photographs or video taken of my pet or submitted to us may be used in electronic or printed material for publicity or advertising purposes.

Emergency Contact Information

In the event that the Owner or Co-Owner is unavailable to make decisions about a patient, the following people have permission to make the selected decisions. I designate the following people to receive information about my pet(s) and accept financial responsibility for those decisions made on my behalf by the selected individuals. This will remain in effect until All Pets Veterinary Hospital receives written notification that the designated person(s) no longer has these rights.

Name	Medical Care Decisions	Finance Decisions	Vaccination Status	Pick Up or Check-in Pet
______________________________	Yes No	Yes No	Yes No	Yes No
______________________________	Yes No	Yes No	Yes No	Yes No
______________________________	Yes No	Yes No	Yes No	Yes No

____

Owner's Signature Date

How did you learn of our hospital?

Yellow Pages ___ Hospital Sign ___ Internet: Our website or Other Site _________________________ Other____________________________

Who may we thank for a referral? ____

We appreciate payment when services are rendered. For your convenience, we accept cash, check, Debit, MC/Visa, Discover, Amex, CareCredit & CitiHealth.

Please circle which method you will be using: Cash Check Debit Mastercard/Visa Discover Amex CareCredit CitiHealth

Payment Policy

Our goal at All Pets Veterinary Hospital is to provide quality medical care for our furry, feathered and scaled patients, increase a pet's quality of life with up-to-date information on pet care and medical treatments in a caring and compassionate environment.

We strive to provide these things with the understanding that **payment is due when services are rendered**. It will happen on occasion where circumstances do not allow for this to occur. We accept several forms of payment such as Cash, Personal Checks, Visa, Mastercard, Discover, Amex, Care Credit and CitiHealth. If you are unfamiliar with Care Credit, please check with the front desk for information or an application. The Care Credit card options allow for some flexibility in payment with no interest plans.

All Pets Veterinary Hospital is a medical facility, not a banking business and as does not extend in-house credit. However, extenuating cirmcumstances may be reviewed on an individual basis. In this case, arrangements must be discussed with a Client Relations Representative or Management before the appointment or at the time of the appointment in an emergency situation. We will try to assist an owner in finding financing but the ultimate responsibility to have the financial resources or arrangements to care for a pet is with the the legal owner and co-owner of the pet(s).

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I understand all fees are due at the time the patient is released. At my request, All Pets Veterinary Hospital will provide a treatment plan with an estimate of costs. The nature of medicine may cause unforeseen changes to the treatment plan and every effort will be made to stay within the plan. However, the costs may change based on the animal's health and treatment. A deposit prior to treatment may be required. Accounts not paid within thirty (30) days are subject to an unpaid balance fee at a periodic rate of 1.5% per month on the unpaid balance (18% annually). The monthly minimum charge is $5.00.

If a check written to All Pets Veterinary Hospital is referred to an outside party for collection due to insufficient funds, you will be responsible for any fees associated with the collection of the debt which may include but are not limited to attorney's fees and collection agency fees in addition to an insufficient funds check fee of $25.00 due to All Pets Veterinary Hospital, PC.

In the event that I fail to make payment in full (in a timely manner) or if I fail to make a reasonable payment arrangement and my account becomes past due, I shall be liable for and I agree to pay: all collection agency fees, attorney's fees, court costs, and any other fees associated with the collection of the past due account.

The information I have provided is accurate. By signing below I acknowledge that I have read the above statements, understand that payment is due when the patient is discharged and understand the payment terms.

____

Owner's Signature Date

Please Turn Over & Complete Reverse Side

All Pets Veterinary Hospital, P.C.
Communication Consent Form

We at All Pets Veterinary Hospital consider you and your pets as part of our family. During the year, we would like your permission to communicate with you regarding things that can be of assistance to you and your beloved pets. On occasion, there may be a disease outbreak or food recall we want you to know about. We may send out e-newsletters with helpful tips for the health care of your pets, special offers on health care products that we recommend and of course, reminders for upcoming appointments.

By receiving your permission, we know that we are communicating with you because you want to receive information that will benefit the health and well-being of your pets. Please check (X) below for any and all ways in which you are willing to receive communications:

_____: Direct Mail other than "Reminders" (post office)

_____: Phone

_____: Text (Please provide preferred phone # for text messages :____________________________)

_____: Email (Please provide preferred e-mail address: _____________________________________)

We respect your privacy and will not sell, rent or trade any of your personally identifiable information. The above are for communications from our hospital to you, and will not be used for any other reason.

____ ______________________________
Client Signature Date

____
Print Name

Thank you for being a part of our family. We truly care about you and your pets and look forward to communicating with you throughout the year.

Sincerely,

Your friends at,

All Pets Veterinary Hospital
4707 N Sheridan Rd
Peoria, IL 61614