



**Illiana
Veterinary
Hospital**

*Thank you
for giving us the
pleasure of caring
for your pet!*

Owners Name: _____
 Address: _____ City _____
 State: _____ Zip Code: _____ County: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Email: _____
 Secondary Owner Name: _____ Phone: _____
 Secondary Owner Description: Spouse Co-Owner Other _____

Would you like to opt-in for text reminders? Yes No
 Would you like to opt in for Email reminders and newsletters? Yes No

Pet Information

Pets Name: _____ Birthdate or Age: _____
 Dog Cat Breed: _____ Color/Markings _____
 Male Neutered Female Spayed Is Your Pet Microchipped? Yes No

Pets Name: _____ Birthdate or Age: _____
 Dog Cat Breed: _____ Color/Markings _____
 Male Neutered Female Spayed Is Your Pet Microchipped? Yes No

Pet History

Has your pet (or pets) received vaccines previously? Yes No
 If Yes, Where? Practice Name: _____ State: _____
 If you have a copy of any previous medical records for your pet, please let our receptionists know so they may copy them.

How did you hear about us?
 Internet Drove by/ sign Referral Other - Please Specify _____
 If this is a referral, who can we thank? _____