

North Tollway Pet Hospital
Patient/Client Information

Thank you for giving us the opportunity to provide your pet with the best veterinary care possible. Please help us to better meet your needs by taking a few moments to fill out the following information sheet.

Owner's Name: _____ Spouse/Other: _____
Address: _____ City/State: _____ Zip: _____
Home Phone: () _____ Cell: () _____ Work: () _____
E-Mail Address: _____
Driver's License #: _____ (for check writing)

Name/Phone of Previous/Current Vet: _____

Pet Information:

(1) Pet Name: _____ Age: _____ Species: _____
Breed: _____ Color: _____
Male: _____ Neutered _____
Female _____ Spayed _____

(2) Pet Name: _____ Age: _____ Species: _____
Breed: _____ Color: _____
Male: _____ Female: _____
Spayed: _____ Neutered: _____

How did you hear about our Hospital?
If an individual, whom may we thank? _____
Hospital Sign: _____ Yellow Pages: _____
Location (close to home): _____ Drive By: _____

To help prevent the spread of infectious diseases, ALL hospitalized, boarding, and groomed animals must be current on all vaccines required by North Tollway Pet Hospital.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed. Furthermore, I agree to pay all fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts are necessary.

Signature: _____ Date: _____