



*We love your pet as much as you do!*

# Higgins Animal Clinic Client Registration

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## WELCOME TO OUR PRACTICE!

Today's date:				Client ID:			
<b>OWNER INFORMATION</b>							
Owner's name:					Spouse/ Other:		
Address:					Apartment / Unit #:		
City:	State:	Zip:	Home Phone:		Cell Phone:		
Work Phone:			Email:				
If it is necessary to contact you about your pet:		Best time:	Best#:	Who should we ask for?			
How did you learn of our clinic? (please check applicable box):				<input type="checkbox"/> Local festival	<input type="checkbox"/> Internet	<input type="checkbox"/> Location	
<input type="checkbox"/> Recommendation		<input type="checkbox"/> Postcard in mail		<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other	<input type="checkbox"/> Hospital Sign
If personal recommendation, name of person?							
<b>PET INFORMATION</b>							
Species	Pet Name	Breed	Color	Sex	DOB or Age	Currently Spayed/ Neutered Yes or No	
<b>IN CASE OF EMERGENCY</b>							
Name of Contact who can act as Responsible Agent for Pet (Other than yourself):				Home phone: (    )		Cell phone: (    )	
<p>All professional fees are due at the time services are performed. We may require a deposit prior to treatment. We will gladly prepare a written estimate of fees for your convenience. To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccinations and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.</p>							
Signature of Owner or Responsible Agent for Pet						Date	

Reception Initials
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*Thank you for choosing the Higgins Animal Clinic!*