PT#_____

ACR#_____

Animal Clinic of Rockford

MICROCHIP: YES NO - Num. Below

| Please fill out front and back completely | |
|---|---|
| **Owner's Name:** _____ | **Pet's Name:** _____ |
| **Secondary Name on Account:** _____ | **Dog** **Cat** **Other** |
| **Street Address:** _____ | **Breed:** _____ |
| **City/State:** _____ | **Colors:** _____ |
| **Zip Code:** _____ **County:** _____ | **Age Estimate** **Date of birth** (if known) |
| **Phone No 1:** _____ | **Male** **Female** |
| **Phone No 2:** _____ | **Neutered** **Spayed** |
| **Email:** _____ | |

## Healthy patients must be kept up to date on vaccines in order for care to be given

| | |
|---|---|
| Are the pet's shots (Rabies **and** Distemper / Parvo) up to date? | **Yes** **No** |
| **When and where were they last done?** _____ | |

We do not accept checks or take payment plans other than CareCredit. All major credit cards are accepted.
**Payment is due at time of service**

How did you hear about us? If friend/family, who recommended you? _____

**Known Medical Conditions:** _____

Current medications pet is on: _____

Other pets in household – Number & Species_____

Are your pets indoor, outdoor, or both? _____

Has your pet bitten anyone in the last 10 days? **YES OR NO**

Do you go camping or do other outdoor activities with your pet? **YES OR NO**

**Reason for your current visit?** _____

**See reverse side for Client Service Agreement**

Animal Clinic of Rockford

**Client Service Agreement**

I, the undersigned, am authorizing the staff of Animal Clinic of Rockford to administer treatment, perform diagnostic and prophylactic procedures, and care for my pet(s). I consent to the administration of medications, including analgesics, sedatives, tranquilizers, anesthetics as may be deemed necessary by the attending veterinarian.

I understand that in order to maintain an appropriate veterinarian-client-patient relationship my pet needs to be examined annually by the DVM. I further understand that ongoing medical conditions may require additional examinations in order for the DVM to have sufficient knowledge of your pet's condition in order to maintain the veterinarian-client-patient

I acknowledge that no assurance, guarantee, or warranty has been made as to the results of treatments, procedures, or surgery. I am aware that every surgical procedure, treatment, and anesthesia, even performed on a healthy animal, carries a certain amount of risk and probabilities of complications. I understand that the staff of Animal Clinic of Rockford will make every reasonable attempt to safely and proficiently care for my pet. Animal Clinic of Rockford or it's staff will not be held responsible in any manner whatever or any circumstance, on account of the care, treatment, or safe keeping of my pet, or otherwise in connection therewith.

Pets that remain in the clinic for 24 hours past the discharge date, without notification by, communication with, or pre-arrangement by the owner will be considered abandoned. I hereby acknowledge that I realize that pets, which are considered abandoned, will be disposed of as deemed necessary by Animal Clinic of Rockford and I will be responsible for all fees incurred.

I authorize ACR or its agents to release my pet's records to boarding facilities, groomers, and other entities that we deem have a legitimate reason for needing that information.

I bear full financial responsibility for any and all costs incurred for the treatment and care of my pet, and I am aware that all outstanding accounts are payable in full when services are rendered. Payment can be made by cash, Care Credit, or most major credit cards.

**I have read and acknowledge the above statements** _____ _____

Signature Date

**Authorized Agents**

I, the above signed, name the following individuals as authorized agents regarding the care of my pet by Animal Clinic of Rockford. These people will be able to make medical decisions regarding my pet's health.

| _____ | _____ | _____ |
|---|---|---|
| Agent Name | Contact Number | Own. Init. |
| _____ | _____ | _____ |
| Agent Name | Contact Number | Own. Init. |
| _____ | _____ | _____ |
| Agent Name | Contact Number | Own. Init. |