

VCA Schaumburg Animal Hospital

Our mission at Schaumburg Veterinary Hospital is to maintain wellness in animals and the people that interact with them. By providing us with the requested information about you and your pets, you are partnering with us to achieve this mission! Thank You.

Owner 1: First Name _____ Last Name _____

Owner 2: First Name _____ Last Name (if different) _____

Address _____ City _____ St _____
Zip _____ County _____

Phone Numbers:

Home (____) _____

Work (____) _____

Cell (____) _____

E-Mail Address _____

Previous Veterinary Hospital? _____

How did you find us? Please Circle

Personal Referral: Whom may we thank? (Last name, Pet's name) _____

Rescue/Foundation Referral: Whom may we thank? _____

Drove By

YellowPages.com Google LocalVets.com Yelp.com Angieslist.com

Other _____

Authorization for exam, treatment, and assumption of financial responsibility:

I hereby authorize the veterinarian to examine, prescribe for and/or treat above named pets. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid immediately upon completion of the services rendered and that if hospitalization or surgical intervention is necessary a deposit may be required. To maintain wellness in the pets being treated in our hospital, all hospitalized and boarded animals must be current on vaccinations, external parasite control, and fecal test.

Please circle which form of payment will be used: NO CHECKS

Cash Debit MasterCard Visa AmEx Discover CareCredit

Owner/Agent Signature _____ Date: _____

Receptionist/Tech Initials _____