

Owner Information:

Primary Owner: First _____ Last _____
 Secondary Owner : First _____ Last _____
 Address: _____
 Zip Code _____ City _____ State _____
 Home # _____ Cell # _____ Work # _____
 Email address _____ For internal use only, we **DO NOT** share your email address.
 How did you hear about us? _____

Patient Information:

Pet Name: _____
 Species: Canine Feline Other Breed _____
 Color: _____ Sex: Female Male Spayed/Neutered: Yes No
 Age of Pet: _____ Years, _____ Months Weight: _____ Lbs. / Kg. Employee initials: _____
 Referring Daytime Veterinary Hospital: _____ Veterinarian: _____
 What is your pet being seen for today? _____
 Has your pet been bitten, or bitten another animal or person within the last 10 days? Yes No

Medical and Financial Authorization:

I hereby authorize the doctor and assistants to administer treatment as is considered therapeutically and/or diagnostically necessary. I authorize medical treatment, as well as possible alternate modes of treatment which are explained to me by the medical staff. I further authorize surgical procedures of an emergency nature, if deemed necessary. I give my permission to release case and patient information with photos and/or video so they may be used in teaching, forms, continuing education, website, social media, veterinary literature, and the like. I assume financial responsibility for all charges incurred to patient. I further understand that if I fail to pay the entire amount, I will be responsible for any and all attorneys and collection costs incurred for the purpose of collection. I hereby authorized Premier Veterinary Group or their agent to obtain my credit reports, both now and at anytime my account is deemed past due.

COMMUNICATION AND ABANDONMENT - Pet owners are required to contact Premier Veterinary Group on a daily basis during your pet's stay. Under the Illinois Veterinary Medicine and Surgery Practice Act of 2004, Premier Veterinary Group is authorized to consider a pet ABANDONED if the pet's owner(s) fails to maintain daily contact and upon 36 hours if we have had no contact with the pet's owner(s). PET OWNER(S) WAIVES RIGHT TO NOTICE AND PUBLICATION OF ABANDONMENT. Abandonment does not relieve the owner of their financial responsibility and they are liable for any and all charges for as long as the animal remains at Premier Veterinary Group (i.e. until a shelter or other appropriate organization or adopter takes ownership of the animal). I hereby certify that I have read and fully understand the above authorization.

Signature of
 Owner or Agent: **X** _____ Date: _____ Time In: _____ am / pm

How will you pay for today's visit: (please circle one) **Cash** **Check** **Credit Card**

Agent Information:

Please fill out this section **ONLY** if you are seeking medical attention for a pet on behalf of the owner.

Agent: First _____ Last _____
 Address: _____
 Zip Code _____ City _____ State _____
 Home # _____ Cell # _____ Work # _____
 Email address _____ For internal use only, we **DO NOT** share your email address.
 Agent's Relationship to Owner: _____