



**CLIENT INFORMATION:**

Client Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  Home  Cell  Work  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Co-Owner Name(s): \_\_\_\_\_  Home  Cell  Work

**PATIENT INFORMATION:**

Patient Name: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Species:  Dog  Cat Sex:  Neutered Male  Spayed Female  
 Intact Male  Intact Female  
 Is your Pet up to Date on Vaccinations?  Yes  No  
 Reason for Visit: \_\_\_\_\_ Weight \_\_\_\_\_ kg/lbs Initials: \_\_\_\_\_  
 Current Medications: \_\_\_\_\_

Primary Care Veterinarian: \_\_\_\_\_  
 Primary Care Veterinary Hospital: \_\_\_\_\_  
 Location (City/State): \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Veterinarian (if different from Primary Care Veterinarian): \_\_\_\_\_  
 Referring Veterinary Hospital: \_\_\_\_\_  
 Location (City/State): \_\_\_\_\_ Phone: \_\_\_\_\_

**PHOTO RELEASE:**

I hereby grant Ethos and its network of hospitals permission to use case information and/or photographs of my pet in both print and online marketing media, to include (but not limited to): the website, blog articles, social media, printed brochures, other printed materials, photographic displays and in advertising.

Grant Permission  Do Not Grant Permission

**FINANCIAL POLICY:**

I understand that payment is due in full at the time of service. I agree to assume financial responsibility for all charges incurred by this patient and agree to pay Premier Veterinary Group when services are rendered. We accept American Express, Mastercard, Visa, Discover Card, Care Credit, Wells Fargo Health Advantage, and cash.

Estimates are based on your pet's status and may change if medically appropriate. Should additional services or changes require an additional estimate you will be informed and we may collect the deposit on the new estimate with your agreement to treat.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In accordance with the CDC guidelines, we ask that you please respond to the following 7 questions prior to your pet's appointment.**

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Appointment day/time: \_\_\_\_\_ My pet has an appointment with Dr. \_\_\_\_\_

1. Have you traveled outside of the United States in the past three months?  Yes  No
2. Have you or your family members or acquaintances traveled outside of the United States in the past three months?  Yes  No
3. Have you been in contact with anyone known or suspected of having coronavirus?  Yes  No
4. Are you feeling ill?  Yes  No
5. Are any of your family members or acquaintances ill?  Yes  No
6. Do you or have you had a fever over 100 degrees farenheight in the past 14 days?  Yes  No
7. Have you been tested for coronavirus?  Yes  No      If yes, was the test positive?  Yes  No

We appreciate your prompt response and understanding of our efforts to protect both you and our hospital team members during this time.

After completing this form, kindly fax or email it to the appropriate Premier hospital. For your reference, location details, including email addresses are listed below.

Thank you!

**Premier Veterinary Group Chicago**

3927 W. Belmont Ave., Chicago, IL 60618  
Phone: 773-516-5800  
Fax: 773-283-5232  
Email: premierchicagoinfo@ethosvet.com

**Premier Veterinary Group Grayslake**

1810 E. Belvidere Road, Grayslake, IL 60030  
Phone: 847-548-5300  
Fax: 847-548-5347  
Email: premiergrayslakeinfo@ethosvet.com

**Premier Veterinary Group Orland Park**

7000 W. 159th St., Orland Park, IL 60462  
Phone: 708-388-3771  
Fax: 708-388-3795  
Email: premierorlandparkinfo@ethosvet.com