

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 4 questions prior to your pet's appointment to enable staff to utilize appropriate PPE.

Client Name: _____ Pet Name: _____
Appointment day/time: _____ My pet has an appointment with Dr. _____

1. Have you or anyone in your household been in direct contact with anyone know or suspected of having coronavirus in the past 14 days? Yes No
2. Do you or anyone in your household have or have had coughing, shortness of breath, chills, muscle pain, headache, sore throat, loss of taste or smell, a fever >100F in the last 14 days? Yes No
3. Are any of your family members or acquaintances ill? Yes No
4. 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