

**Veterinary Services, Ltd.**  
**8500 Old US Hwy 50**  
**Breese, IL 62230**  
**(618)526-7851 (618)526-2283 Fax (618)526-2007**

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

PRIMARY OWNER'S NAME \_\_\_\_\_

PRIMARY'S PHONE NUMBER \_\_\_\_\_

**PRIMARY'S E-MAIL** \_\_\_\_\_

SPOUSE OR CO-OWNER'S NAME \_\_\_\_\_

SECONDARY'S PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

PREFERRED COMMUNICATION METHOD FOR AUTOMATED REMINDERS:  Text

**(CHOOSE ONE)**

Email

Phone

**HOW DID YOU HEAR  
ABOUT OUR CLINIC?**

Facebook  Webpage  Drive-by  Hometown Phonebook

Internet  I/we was a previous client

Referral (Please provide a name so we know who to thank.)  
\_\_\_\_\_

Full payment for all services and products is due at time of dispensing. We accept MasterCard, Visa, Discover, American Express, cash, or personal check. We do not carry charge accounts. There will be a \$30.00 service charge for any check returned.

**How do you intend to pay for this service?**

\_\_\_\_ Cash \_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_ American Express \_\_\_\_ Check

\_\_\_\_ Care Credit

## PET INFORMATION

(Please fill in the following for each pet)

NAME				
SPECIES (Cat, Dog, Other)				
BREED				
COLOR				
DATE OF BIRTH				
SEX				
ALTERED? (spayed/neutered)				
PRE-EXISTING CONDITIONS				
ALLERGIES (MEDS, VX, ETC.)				
CURRENT MEDICATIONS				

### PREVIOUS VETERINARIAN'S INFORMATION:

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

The law mandates that we obtain your written permission before releasing records to boarding kennels, groomers, and other veterinarians. ***Please check only ONE box below.***

Please obtain my written permission each time medical records are requested.

This signature represents my written permission to release medical records when requested by boarding kennels, groomers, and other veterinarians.

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_