

VCA Aurora Animal Hospital

2600 West Galena Blvd., Aurora, IL 60506

P 630-301-6100 F 310-979-5493 vcaaurorageneral.com

Client Registration

Client Information

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary owner contact #: _____ Alternate #: _____

Email Address: _____

Co-Owner Name: _____ Phone #: _____

Pet Information

Name: _____

Species (Check One): Canine Feline Breed: _____ Age/DOB: _____

Color: _____ Sex (Check One): Female Male (Check One) Spayed Neutered Intact

Have you ever been to this hospital before? Yes No If yes, with this pet? Yes No

What is your pet here for? _____

Prior medical problems, if any? _____

Is your pet up-to-date on RABIES? (Check One): Yes No

Check Preferred Method of payment

Cash Check Visa Master Card American Express Discover Care Credit

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. Patient confidentiality will be maintained. I assume financial responsibility for all charges incurred to the patient. I further understand that if I fail to pay the entire amount, I will be responsible for and all attorneys' and collection costs incurred for the purpose of collection. I hereby certify that I have read and fully understand the above authorization.

Owner/Agent: _____ Date: _____ Time: _____

