

# Plainfield Veterinary Clinic and Surgical Center

24000 W. Dayfield Drive, Unit 102  
Plainfield, IL 60586

p:815-439-8700

f:815-439-9090

## NEW CLIENT

### OFFICE USE ONLY

I.D.# \_\_\_\_\_

### CLIENT INFORMATION

Owner Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse [if applicable] First Name \_\_\_\_\_

Phone Number [2 Required]

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License Number \_\_\_\_\_ County \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

### PET INFORMATION

Pet Name \_\_\_\_\_ Male  Female  Neuter  Spay

Breeder/Pet Store/Shelter \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Approx. Birth Date \_\_\_\_\_

MICROCHIP # \_\_\_\_\_

SPECIAL MEDICAL CONDITIONS \_\_\_\_\_

Multiple pets ok to board together [please initial] \_\_\_\_\_

Preferred Veterinarian \_\_\_\_\_

How did you choose our practice? \_\_\_\_\_

**HOSPITALIZATION/BOARDING RELEASE:** Plainfield Veterinary Clinic is to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff WILL NOT be held liable for any problems that develop, provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I am absent will be medically treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for any treatment expenses involved. I understand payment for treatment/boarding is due at the time of service. If I neglect to pick-up my pet within five (5) days of the scheduled pick-up date and do not notify the clinic within that time frame, the clinic may assume the pet is abandoned and the clinic is hereby authorized to dispose of the pet in any manner deemed appropriate.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_