WELCOME
TO SPAY ILLINOIS

We look forward to assisting you in caring for your pet. In order to provide the very best care for your pet, please take your time to fill out the entire form below. Thank you! We cannot service your pet without all information filled out.

OWNER REGISTRATION

Owner's Last Name: _____ Owner's First Name: _____

Street Address: _____ Apt/Unit # _____ City: _____

County you reside in: _____ State: _____ Zipcode: _____

Preferred Phone # (Mobile): _____ Home Phone #: _____

Owner's Email: _____ Would you like to receive our E-Newsletter? **Y or N**

@gmail.com @yahoo.com @comcast.net @sbcglobal.net @aol.com @hotmail.com *If not listed, please write on line above.*

Spouse/Co-Owner Last Name: _____ Spouse/Co-Owner First Name: _____

Spouse/Co-Owner's Cell Phone: _____ Spouse/Co-Owner Email: _____

How did you learn about our clinic? Google Website Friend Other:

☐ **Please check this box if you are a LINK Cardholder**

PET HEALTH HISTORY

Name Of Pet: _____ Circle: CANINE or FELINE

Circle One: Female Intact Female Spayed Male Intact Male Neutered

Date of Birth/Age: _____ Color: _____ Breed: _____

Is your pet currently on any medication? If yes, what? _____

Describe your pet's diet: _____

Has your pet been eating & drinking normal lately? _____

Has your pet ever gone under anesthesia before? _____

Any coughing/sneezing/vomiting/diarrhea lately? _____

Any known allergies? _____

I would like to donate to Spay Illinois today $ _____

I hereby authorize SPAY ILLINOIS and it's employees to examine, prescribe for, and/or treat the pet described above. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for upon release of the pet. Only Cash, Credit or Debit. Please note that personal checks are NOT accepted. By signing this form, I also grant Spay Illinois permission to use any images or videos taken during my pets/my visit to Spay Illinois Pet Well Clinics.

Signature: _____ Date: _____

---------- **OFFICE USE ONLY ON BACK** ----------

----------THIS PAGE FOR OFFICE USE ONLY----------

Exam / No Exam **Owners Last Name:** _____ **LINK? Yes / No**

Pet Name: _____ **Pet Weight:** _____

Pet Account #: _____ **Pet Temp:** _____

Reason for visit?

County Owners Resides in:

Puppy Pack #1
DHPP
Bordetella
Deworm

Puppy Pack #2
DHPP / DHLPP
Deworm

Puppy Pack #3
Rabies 1 YR
Tag #
DHPP / DHLPP
Deworm

Dog Well Pack
Rabies 1 YR / 3 YR
Tag #:
DHPP 1 YR / 3 YR
Lepto 1 YR
Bordetella
Heartworm Test
Result:

Microchip
(Place Sticker below)

Kitten Pack #1
FVRCP
Deworm

Kitten Pack #2
FVRCP
Deworm
FeLV Vaccine
FeLV/FIV Test
Result:

Kitten Pack #3
FVRCP
Deworm
FeLV Vaccine
Rabies 1 YR
Tag #:

Cat Well Pack
Rabies 1 YR / 3 YR
Tag #:
FVRCP 1 YR / 3 YR

Fecal

Accuplex 4

Rabies 1 YR / Rabies 3YR
Tag #:

DHPP
DHPP 1 YR / 3 YR

DHLPP
DHLPP 1 YR
DHPP 3 YR LEPTO 1 YR

FVRCP
FVRCP 1 YR / 3 YR

FeLV Vaccine / FeLV Vaccine 2 YR

Bordetella
Intranasal / Injectable

Lyme / Lyme 1 YR

Lepto / Lepto 1 YR

Combo Flu / Combo Flu 1 YR

Heartworm Test - Result:

FeLV/FIV Test - Result:

Deworm - Amount used:

NOTES & MEDICATIONS:

_____

_____

_____

DOCTOR SIGNATURE: _____

TECH INITIALS: _____

Heartworm Prevention?_____
Flea/Tick Prevention?_____
Recheck?_____