



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: _____

Phone #: _____ Preferred contact method: Phone Email

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.*

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

Please check this box if you are a LINK Cardholder and are the owner of the below mentioned pet

PET HEALTH HISTORY

Pets Name: _____ **Circle:** Male or Female **Circle:** Dog or Cat

Birthdate or Age: _____ Is your pet fixed? Spayed/Neutered? Yes. or No

Color: _____ Breed of pet: _____

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

Describe your pet's diet: _____

Any known allergies? _____

Any history of seizures or heart problems? _____

Please check any symptoms or problems that you have noticed about your pet:

- Coughing Lack of Appetite Sneezing Increased Urination
- Diarrhea Scratching Vomiting Other: _____
- Scooting Shaking Head Increased Thirst

I would like to donate to Spay Illinois today! My donation is \$ _____

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: _____

Exam / No Exam Owners Last Name: _____

LINK? Yes / No

Pet Name: _____

Pet Weight: _____

Pet Account #: _____

Pet Temp: _____

Reason for visit? _____

County O lives 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

Accuplex 4

Fecal

Rabies 1 YR / Rabies 3YR
Tag #:

DHPP 1 YR / 3 YR

DHLPP
DHPP 3 YR LEPTO 1 YR

FVRCP 1 YR / 3 YR

FeLV Vaccine

Bordetella

Lyme

Lepto

Combo Flu

Heartworm Test & Result:

FeLV/FIV Test & Result:

Deworm - Amt used:

NOTES & MEDICATIONS:

DOCTOR SIGNATURE: _____

TECH INITIALS: _____