



# 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: \_\_\_\_\_

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

**Kitten Pack #1**

FVRCP  
Deworm

Rabies 1 YR / Rabies 3YR  
Tag #:

DHPP  
DHPP 1 YR / 3 YR

**Puppy Pack #2**

DHPP / DHLPP  
Deworm

**Kitten Pack #2**

FVRCP  
Deworm  
FeLV Vaccine  
FeLV/FIV Test  
Result:

DHLPP  
DHLPP 1 YR  
DHPP 3 YR LEPTO 1 YR

**Puppy Pack #3**

Rabies 1 YR  
Tag #  
DHPP / DHLPP  
Deworm

**Kitten Pack #3**

FVRCP  
Deworm  
FeLV Vaccine  
Rabies 1 YR  
Tag #:

FVRCP  
FVRCP 1 YR / 3 YR

FeLV Vaccine / FeLV Vaccine 2 YR

**Dog Well Pack**

Rabies 1 YR / 3 YR  
Tag #:  
DHPP 1 YR / 3 YR  
Lepto 1 YR  
Bordetella  
Heartworm Test

**Cat Well Pack**

Rabies 1 YR / 3 YR  
Tag #:  
FVRCP 1 YR / 3 YR

Bordetella  
Intranasal / Injectable

Lyme / Lyme 1 YR

Lepto / Lepto 1 YR

**Result:**

Combo Flu / Combo Flu 1 YR

Heartworm Test - Result:

**Microchip**

(Place Sticker below)

**Fecal**

FeLV/FIV Test - Result:

**Accuplex 4**

Deworm - Amount used:

NOTES & MEDICATIONS:

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DOCTOR SIGNATURE: \_\_\_\_\_

TECH INITIALS: \_\_\_\_\_

Heartworm Prevention?\_\_\_\_\_

Flea/Tick Prevention?\_\_\_\_\_

Recheck?\_\_\_\_\_