



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:

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Increased Urination |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Scooting | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> 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 Owners Resides in:

Puppy Pack #1

DHPP
Bordetella
Deworm

Kitten Pack #1

FVRCP
Deworm

Rabies 1 YR / Rabies 3YR
Tag #:

DHPP 1 YR / 3 YR

Puppy Pack #2

DHPP / DHLPP
Deworm

Kitten Pack #2

FVRCP
Deworm
FeLV Vaccine
FeLV/FIV Test
Result:

DHLPP
DHPP 3 YR LEPTO 1 YR

FVRCP 1 YR / 3 YR

Puppy Pack #3

Rabies 1 YR
Tag #
DHPP / DHLPP
Deworm

Kitten Pack #3

FVRCP
Deworm
FeLV Vaccine
Rabies 1 YR
Tag #:

FeLV Vaccine

Bordetella

Lyme

Lepto

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

Combo Flu

Heartworm Test & Result:

FeLV/FIV Test & Result:

Result:

Deworm - Amt used:

Microchip

(Place Sticker below)

Accuplex 4

Fecal

NOTES & MEDICATIONS:

DOCTOR SIGNATURE: _____

TECH INITIALS: _____