

# Schaumburg Veterinary Hospital

**Our mission at Schaumburg Veterinary Hospital is to maintain wellness in animals and the people that interact with them. By providing us with the requested information about you and your pets, you are partnering with us to achieve this mission! Thank You.**

Owner 1: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Owner 2: First Name \_\_\_\_\_ Last Name (if different) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## **How did you find us? Please Circle**

Personal Referral: Whom may we thank? \_\_\_\_\_

Rescue/Foundation: Whom may we thank? \_\_\_\_\_

Drove By

On-Line      YellowPages.com      Google      LocalVets.com

Other \_\_\_\_\_

## **Authorization for exam, treatment, and assumption of financial responsibility:**

I hereby authorize the veterinarian to examine, prescribe for and/or treat above named pets. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid immediately upon completion of the services rendered and that if hospitalization or surgical intervention is necessary a deposit may be required. To maintain wellness in the pets being treated in our hospital, all hospitalized and boarded animals must be current on vaccinations, external parasite control, and fecal test.

Please circle which form of payment will be used:

**Cash    Debit    Mastercard    Visa    AmEx    Discover    Care Credit**  
**Sorry, no checks**

Owner/Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_ .

**Receptionist Initials:** \_\_\_\_\_