

# Welcome to Evanston Pet Hospital

Please **print** in all spaces

Mr / Mrs, / Ms / Miss (please circle one)

Owner (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Secondary Name - (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Relation) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Spouse C# \_\_\_\_\_ W# \_\_\_\_\_ Email: \_\_\_\_\_

Previous Vet Clinic: \_\_\_\_\_

**\*Pet's Name #1** \_\_\_\_\_ Cat/Dog (circle) Date of Birth \_\_\_\_\_

Breed \_\_\_\_\_ **Female** (spay) (intact) **Male** (neutered) (intact) Color \_\_\_\_\_

Tattoo \_\_\_\_\_ Microchip \_\_\_\_\_ Are vaccines up to date: Yes / No / Unknown \_\_\_\_\_

**\*Pet's Name #2** \_\_\_\_\_ Cat/Dog (circle) Date of Birth \_\_\_\_\_

Breed \_\_\_\_\_ **Female:** (spay) (intact) **Male:** (neutered) (intact) Color \_\_\_\_\_

Tattoo \_\_\_\_\_ Microchip \_\_\_\_\_ Are vaccines up to date: Yes / No / Unknown \_\_\_\_\_

**\*Pet's Name #3** \_\_\_\_\_ Cat/Dog (circle) Date of Birth \_\_\_\_\_

Breed \_\_\_\_\_ **Female** (spay) (intact) **Male** (neutered) (intact) Color \_\_\_\_\_

Tattoo \_\_\_\_\_ Microchip \_\_\_\_\_ Are vaccines up to date: Yes / No / Unknown \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## Personal Information Consent

At Evanston Pet Hospital we respect your right to your privacy and will not collect, use or disclose any personal information regarding you and your pet without your consent, unless an emergency occurs. The information we seek from you is to provide a high quality of veterinary service and ensure that you are fully aware of our actions. In all cases we will only disclose personal information in circumstances where we believe that it will be beneficial to the continued care and good health of your pet, as well as to inform you of updates or reunite you with your pet in the event that they become lost. I hereby **authorize** a copy of my pet(s) medical records to be released to another clinic that may be providing care for my pet(s), as well as **Permission** to release my pet(s) previous clinic's medical records to Evanston Pet Hospital. As the owner/agent I give the clinic permission to send me reminders for my pet's health by either phone or email.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## How would you prefer to receive reminders?

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_ (Please Initial one)

How did you hear about us? Live in the area \_\_\_ Advertising \_\_\_ Brochure \_\_\_ Sign \_\_\_ Friend \_\_\_\_\_