



For Staff Use:  
 Client ID# \_\_\_\_\_  
 Staff ID: \_\_\_\_\_  
 DL/ID Copied: Yes / No

Rochelle Veterinary Hospital thanks you for choosing us to care for your pet.  
 Payment is due in full at time of service.

CLIENT NAME: \_\_\_\_\_ CO-OWNER/SPOUSE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 COUNTY: OGLE - LEE - DEKALB Other: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 MAIN/CELL PHONE: \_\_\_\_\_ CO-OWNER/SPOUSE PHONE: \_\_\_\_\_  
 DRIVER'S LICENSE: \_\_\_\_\_ CO-OWNER/SPOUSE LICENSE: \_\_\_\_\_  
 WORK PLACE : \_\_\_\_\_ CO-OWNER/SPOUSE WORK: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_ CO-OWNER/SPOUSE WORKPHONE: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

#1 PET NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 AGE/DATE OF BIRTH: \_\_\_\_\_ MICROCHIPPED: NO - YES # \_\_\_\_\_

CIRCLE PET'S SEX: NEUTERED MALE - SPAYED FEMALE - INTACT MALE - INTACT FEMALE

LAST RABIES DATE: \_\_\_\_\_ LAST DISTEMPER DATE: \_\_\_\_\_

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#2 PET NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 AGE/DATE OF BIRTH: \_\_\_\_\_ MICROCHIPPED: NO - YES # \_\_\_\_\_

CIRCLE PET'S SEX: NEUTERED MALE - SPAYED FEMALE - INTACT MALE - INTACT FEMALE

LAST RABIES DATE: \_\_\_\_\_ LAST DISTEMPER DATE: \_\_\_\_\_

I agree to assume financial responsibility for all charges incurred, and agree to pay all such charges in full at the time of services rendered.

We accept CASH, CHECKS, CREDIT CARD, CARE CREDIT & SCRATCHPAY.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND AGREE TO ALL TERMS THEREIN.

X \_\_\_\_\_ Date: \_\_\_\_\_