All Pets Hospital, Ltd.
200 Read Street
Lockport, IL 60441
(815) 838-0505

Client Information

Last name: _____ First name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-Mail: _____ Driver's license # *(required if writing a check)*: _____

County: Will Cook DuPage Grundy Other:_____

Pet Information

Pet's Name	Dog	Cat	Breed	Color	Date of Birth / Age	Sex	Spayed/ Neutered

Other Information

Referred / Recommended by: _____ Previous veterinarian / hospital: _____

Is your pet microchipped? Y N Number: _____ Usual diet: _____

Does your pet have allergies (i.e. food, fleas, drugs, etc)? Y N List: _____

Please list any major diseases, illness, or injury your pet has had: _____

Currently on medication? Y N List: _____

How did you acquire your pet? _____ How long have you had your pet? _____

FEES ARE TO BE PAID AT TIME SERVICES ARE RENDERED

We accept cash, check, Care Credit, Visa, Mastercard and Discover

***A $50 fee will be charged for any "no-show" appointment**

I certify that I am the owner / responsible party of the animal(s) listed above. I am at least 18 years of age and I assume total financial responsibility for the costs of services rendered by All Pets Hospital.

I authorize All Pets Hospital and its employees to use pictures of myself, my representatives and my pets for any lawful purpose such as (but not limited to) publicity, advertising, web content, etc. I understand that I will not receive compensation for use of these images.

Signature: _____ Date: _____/_____/_____ APH Initial:_____