

New Client Information

Round Lake Animal Hospital

24431 West IL Route 134 • Round Lake IL 60073 • (847) 546-6700

Fax (847) 546-6160 Email: RLAH@roundlakeanimalhospital.com

www.roundlakeanimalhospital.com

Date: _____

Owner's Name: _____

Spouse's Name: _____ Previous Clinic Name: _____

Address: _____ How did you hear about our clinic? _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____ Email: _____



Pet Information:

Pets Name: _____

Species: _____ Breed: _____ Color: _____

Age: _____ Days / Weeks / Months / Years Sex: M F Spayed/Neutered? Yes No

Reason for visit Today? _____

Other Pets:

Name: _____

Species: _____ Breed: _____ Color: _____

Age: _____ Days / Weeks / Months / Years Sex: M F Spayed/Neutered? Yes No

Name: _____

Species: _____ Breed: _____ Color: _____

Age: _____ Days / Weeks / Months / Years Sex: M F Spayed/Neutered? Yes No

ALL FEES ARE PAYABLE UPON COMPELETION OF SERVICES

We Accept: Cash, Credit Cards and Care Credit

I understand all payments must be made prior to treatment. An estimate can be prepared at owner's request



Signature of Owner

