

# Randall Road Animal Hospital

## South Elgin

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET. Please help us meet your needs better by taking a moment to share important information which we will need as we provide your pet's health care today and in the future. Please fill out the following information for our files. All information is kept in strict confidence. Also, if there are any future changes, please let us know immediately so we can keep our information current. *Thank You!*

Client Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County: KANE COOK DUPAGE OTHER \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse Phone \_\_\_\_\_

### How would you like us to send Vet Reminders to you?

Text \_\_\_\_\_ Email \_\_\_\_\_ Postcard

### Pet Information

Pets Name \_\_\_\_\_ Age / DOB \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Dog / Cat  Male  Female  
 Male/ Neutered  Female/ Spayed

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### HOW DID YOU HEAR ABOUT OUR PRACTICE?

Individual, someone we may thank? \_\_\_\_\_  Hospital Sign  Mailing  Del Webb

Do you qualify for our Senior Citizen Discount? (age 65 or older) Yes  No  DOB: \_\_\_\_\_

Do we have your permission to post your pets photo on social media Yes  No

What Pet Insurance do you have? \_\_\_\_\_ Would you like a recommendation? Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_