

# WELCOME

## TO

### CAPITOL ILLINI VETERINARY SERVICES, LTD.

(Please Print)

Date \_\_\_\_\_ 20 \_\_\_\_\_

**OWNER (18 OR OLDER)**

\_\_\_\_\_ **Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle**

**HOME ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_ **Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code**

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**OWNER'S EMPLOYER** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

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**SPOUSE or CO-OWNER (circle one)** \_\_\_\_\_

\_\_\_\_\_ **Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle**

**HOME ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_ **Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code**

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**SPOUSE or CO-OWNER'S EMPLOYER** \_\_\_\_\_

**SPOUSE'S or CO-OWNER'S EMPLOYER'S ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

Pet Information <i>Name</i> _____ <i>Breed</i> _____ <i>Color</i> _____ <i>Age</i> _____ <i>Sex</i> _____ Last vaccinations: Rabies _____ Distemper _____ Other _____
Pet Information <i>Name</i> _____ <i>Breed</i> _____ <i>Color</i> _____ <i>Age</i> _____ <i>Sex</i> _____ Last vaccinations: Rabies _____ Distemper _____ Other _____

**PREVIOUS VETERINARIAN** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**WHERE YOU REFERRED TO OUR HOSPITAL (if yes, by whom?)** \_\_\_\_\_

Method of Payment: CASH ( ) CHECK ( ) MC/VISA/DISCOVER ( ) CARE CREDIT ( )

**PAYMENT IS EXPECTED IN FULL AT THE TIME OF SERVICE**

A finance charge of 1.5% applied to all accounts unpaid after 30 days. A billing charge of \$2.00 is added monthly. A 35% of the unpaid balance will be applied to any account that is being referred to a collection agency.

**Owner** Social Security # \_\_\_\_\_ (and/or) Drivers License # \_\_\_\_\_ **Initials:** Receptionist \_\_\_\_\_  
**Co-Owner** Social Security # \_\_\_\_\_ (and/or) Drivers License # \_\_\_\_\_ Receptionist \_\_\_\_\_

**OWNER (OR AGENT FOR OWNER) SIGNATURE** \_\_\_\_\_

**CO-OWNER SIGNATURE** \_\_\_\_\_

*Only the above signatures will have access to or the authorization to change or transfer any information on this account.*