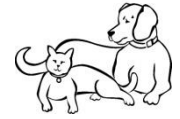


Welcome to Cicero Animal Clinic!



Date: _____

Your name: _____

Email address: _____ We heavily rely on Email, don't forget to check it!

Address: _____

City: _____ Zip code: _____

Home phone: _____ Work phone: _____

Cell phone: _____ O.K. to text for lab results and surgery updates? Yes No

Spouse/Significant other/Relative/Friend: _____

Spouse phone: _____

(The person stated above can make decisions on your behalf. As the primary account holder, you will still be responsible for payment).

Occasionally we share pet's photos (without last name) on social media, if approved. OK to share? Circle one: Yes No Yes, but check with me first

Referral: (Circle One)

Yellow Pages Internet search Facebook Our website Chiropractic Referral Friend/Relative

If referred by a friend or relative, by whom? _____

Please provide information for the pet/pets being seen *today*:

	Pet #1		Pet #2
Name:	_____	Name:	_____
Date of Birth:	_____	Date of Birth:	_____
Species:	Cat Dog Other	Species:	Cat Dog Other
Breed:	_____	Breed:	_____
Color:	_____	Color:	_____
Sex:	Female Male	Sex:	Female Male
	Spayed Neutered		Spayed Neutered
Microchipped:	Yes No	Microchipped:	Yes No

Payment is required at the time of service. If you are planning to pay with a check, you must show a valid driver's license or non driver ID card. We do NOT accept starter checks. If paying by credit card, the card must have a valid signature or show proof of ID. If paying by Care Credit, you must show two forms of ID and can only be used by the card holder or authorized agent.