



Medical District Veterinary Clinic

2242 W. Harrison St., Suite 101
Chicago, IL 60612
312.226.2588

CLIENT INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ (Circle One) Cell Home Work

Phone _____ (Circle One) Cell Home Work

Email _____

Additional owner's name _____

How did you hear about us? _____

Did you use Yelp to find us? (Circle One) Yes No

Current University of Illinois faculty, staff, or student? (Circle One) Yes No

PET INFORMATION

Pet's Name _____ (Circle One) Dog Cat (Circle One) Male Female

Neutered/Spayed (Circle One) Yes No Breed _____

Age or Date of Birth _____ Color _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature _____ Date _____

I hereby grant full permission to Medical District Veterinary Clinic at Illinois and/or the University of Illinois to utilize photograph(s) or images of the above described pet in any publication or advertising materials (printed or electronic) for educational or marketing purposes. This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my pet's photograph and/or name.

Signature _____ Date _____