



# 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 \_\_\_\_\_