

Fox Ridge Veterinary Services, P.C.
130 Fifth Street
Oswego, IL. 60543

Patient/Client Information Sheet
Office: (630) 859-0471
Fax: (630) 859-0450

www.foxridgevet.com

Thank you for giving us the opportunity to care for your pet. Please take a moment to complete this form. This information is for clinic use only.

Owners Name: _____ Date: _____
Phone #: _____ Spouse/Other: _____
Children Names/Ages: _____
Address: _____
City: _____ State: _____ Zip#: _____
Work# : _____ Cell #: _____
When is the best time to contact you? _____

Your E-Mail address, clinic correspondence only: _____

In case of EMERGENCY please call _____ at Phone# : _____

To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and free of internal or external parasites. I authorize the Doctor to provide vaccines or parasite control as needed for my pet. Signature: _____ Date: _____

Photo Release: I grant Fox Ridge Veterinary Services, P.C. and Dr. McBeth permission to use, reuse, publish and/or broadcast in any public media, photographs or video of me, my spouse or children and/or my pet(s). I release the Fox Ridge Veterinary Services, P.C. and Dr. McBeth from any demands for use of said photographs or video and any claim(s) for libel or invasion of privacy.

Signature: _____ Date: _____

How did you hear of our Clinic? _____ A person we can thank? _____

Internet: _____ Telephone Book: _____ Other: _____

We consider our pets: part of the family _____ just pets _____. (check one)

Professional Fees are due at the time services are rendered. We will gladly prepare a written estimate for the required services. If you plan to settle your account by check, your driver's license number is required. License #: _____ State: _____