

Welcome to the Pekin Veterinary Clinic

"We're glad you're here"

Primary Owner

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Evening Phone _____ Home/Cell/Work

Employer _____ Daytime Phone _____ Home/Cell/Work

Driver's Lisc. # _____ Soc. Sec. # _____

Emergency Contact Information _____

Someone we may call if we cannot contact the owner in the event of an emergency

E-mail Address _____

Fill in your e-mail address if you would like to receive reminders and periodic bulletins from the Pekin Veterinary Clinic with health tips and upcoming pet related events. We will not give out your e-mail address.

Spouse/Co-Owner

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Evening Phone _____ Home/Cell/Work

Employer _____ Daytime Phone _____ Home/Cell/Work

Driver's Lisc. # _____ Soc. Sec. # _____

Please let us know how you heard about Pekin Veterinary Clinic.

Individual referral: Whom may we thank? _____

Pekin phone book _____ AT&T yellow pages _____ Hospital Sign _____ Brochure _____

Website _____ LocalVets.com _____ Other _____

Please specify

Financial Responsibility Notice

Payment is due at the time services are rendered. Balances not paid in full will be subject to additional collection fees and/or attorney fees incurred in the collection process.

Print Name _____ Signature _____ Date _____

Notice: Pekin Veterinary Clinic does not provide 24 hour supervision.