

The Pet Doctor

201 S. Cardinal Hill Road  
Rochester, IL 62563  
217-498-1294  
welovepets@rochesterpetdoctor.com

Client Registration (info about YOU)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street number and name City State Zip Code

Email: \_\_\_\_\_

Vaccine reminders sent via: Mail Email

Appointment reminders sent via: Phone call Email

Phone(primary): \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Alternate Responsible Party and Phone: \_\_\_\_\_

How did you hear about us: Facebook Sign Newspaper Other \_\_\_\_\_

Referred by someone

Please give us their names so we may thank them \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

- It is understood that an estimate of charges will be given for services upon request.
- I assume full financial responsibility for all charges incurred by my pet. I understand that if this account must be turned over to a collection agency, I will be responsible for collection and attorney fees, service charges, and court fees.
- We are unable to accept checks from new clients until a veterinary-client-patient relationship has been established and maintained for 12 months.

\_\_\_\_\_  
Printed Name

I Acknowledge That By Typing My Name, I Will Abide By The Policies Listed On This Form

Date

**\*Prescription Policy** – For patient safety and accuracy, we encourage you to visit our online store for convenient prescription ordering for items that we do not stock at the clinic. All written prescriptions for third party pharmacies must be picked up in person, at the clinic.

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Patient Registration (info about your PET)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Species:    Cat      Dog                      Male      Female      Castrated/Spayed

Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

\*Please have your pet(s) records sent to us prior to their initial visit.

Previous known medical conditions and/or injuries:

Current medications and dose (include heartworm and flea preventatives):

Current Diet (Type of Food)

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Printed Name

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## Social Media Consent

We love to use our patient's photos on our website, Facebook, and Instagram page. We never use last names, and if you (their human) happen to be present in the photo, we always ask specific permission if it is ok to use your photo prior to posting it anywhere.

Yes, my pet(s) would love to be a star! Their picture can be used by The Pet Doctor for marketing and education purposes.

No, my pet(s) prefers to remain private. Please do not use their photo outside of the clinic.

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I Acknowledge That By Typing My Name, I Agree To The Consent Marked Above.

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Date