



Portage Park Animal Hospital

5419 W. Irving Park Rd. | Chicago, IL 60641 | 773-725-0260 | www.portagepark.com

Welcome to our hospital!

Please take a few minutes to tell us about you and your pet(s).

Owner Information

Last Name _____ First Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Telephone Number(s): Home _____ Cell _____ Alternate _____
 E-mail Address _____

Co-Owner Information

Last Name _____ First Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Telephone Number(s): Home _____ Cell _____ Alternate _____
 E-mail Address _____

Please tell us how you learned about us? Yellow Pages (book) Yellow Pages (Internet)

Website Internet (other) _____ Newspaper Ad Pet Store Clinic Sign

Friend/Relative: Who can we thank for this referral? _____

Patient Information

Name _____ Species (circle) Dog Cat Rabbit Other

Age _____ Birthdate ___/___/___ Breed _____ Color _____

Sex (circle) Male Female Neutered Intact

Previous Animal Hospital / Vet _____

Has your pet been vaccinated within the last year? Yes No If yes, date _____

Is your pet on parasite prevention? Yes No If yes, please specify _____

Does your pet have allergies? Yes No If yes, please specify _____

Any prior medical condition, illness or surgery? _____

Taking any special diets or medications? _____

Tell us what concerns you have about your pet? Bad Breath Coughing Ear Problems Not Eating

Diarrhea Vomiting Weight Gain/Loss Itching/Scratching Lameness Problems Getting Up

House Soiling Behavior Changes Separation Anxiety Aggression Sores/Wounds

Other _____

Financial Policy: Portage Park Animal Hospital requires payment in full for professional services when your pet is discharged from the hospital. As legal owner or responsible agent of the above animal(s), I certify that I have read and agree to this financial policy. I hereby assume financial responsibility for all services rendered.

Signature owner/agent: _____ Date: _____