

## WELCOME TO CHICAGO EXOTICS ANIMAL HOSPITAL

Information on this sheet will not be disclosed publicly nor will it be sold or released to any outside company. The information will be used by the staff of Chicago Exotics as needed to contact you, collect payments, and tailor treatment plans in the case of small children or immunocompromised individuals.

Initial Here

By initialing, you agree to allow the likeness of your pet to be used for educational purposes including professional use in social media by Chicago Exotics Animal Hospital. Personal information is never shared. Find us on Instagram and Facebook!

### About You:

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

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you over the age of 18?      YES      NO

Hospital policy mandates that the person authorizing the medical care/financial decisions must be 18 years or older. You may be asked to verify your age.

### Contact Information:

Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Household Information:

Are you or anyone that comes into contact with your pet: (check all that apply)

Immunocompromised     Under 10 years old     Pregnant     Allergic to sulfa, penicillin, tree nuts

Other Authorized Individual: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

What animals in your home come into contact with your pet: \_\_\_\_\_

How did you become aware of our clinic? \_\_\_\_\_

By signing below, I hereby certify that:

- I have read and understood the **extra label medication** letter posted at the reception desk
- I am comfortable with my pet being treated if necessary with medications that are considered extra label
- All of the above information that I have provided is both factual and as accurate as possible
- I also understand that **payment is due at the time of service** and agree to pay for services in full at the end of the appointment
- My pet's **veterinary records** are private and will be released to another animal hospital seeing my pet upon request of the hospital
- I understand the **social media policy** of the hospital (ask our Customer Care Representative for more information)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_