



Shirkey Veterinary Clinic  
295 S Broadway Street  
Coal City, IL 60416  
(815) 634-2424  
[www.shirkeyvetclinic.com](http://www.shirkeyvetclinic.com)

## Patient Registration Form

Thank you for choosing Shirkey Veterinary Clinic! We are pleased to welcome you and your family to our practice. Please take a few minutes to fully complete this form so we may better serve you. We look forward to a long and rewarding relationship with you and your pet(s).

Owner's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (P.O. Box): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Co-owner's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (P.O. Box): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

List Names of those who have authorization to approve treatment of any kind to the patient(s) named below:

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out **BOTH** sides as completely as possible

## Essential Pet Information

Pet's Name:	Pet's Name:
Date of Birth/Approximate Age:	Date of Birth/Approximate Age:
Species: Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other <input type="checkbox"/>	Species: Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other <input type="checkbox"/>
Breed: <span style="float: right;">Color:</span>	Breed: <span style="float: right;">Color:</span>
Sex: Male <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/> Female <input type="checkbox"/> Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/> Female <input type="checkbox"/> Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Known Allergies:	Known Allergies:
Tattoo/Microchip:	Tattoo/Microchip:

Pet's Name:	Pet's Name:
Date of Birth/Approximate Age:	Date of Birth/Approximate Age:
Species: Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other <input type="checkbox"/>	Species: Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other <input type="checkbox"/>
Breed: <span style="float: right;">Color:</span>	Breed: <span style="float: right;">Color:</span>
Sex: Male <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/> Female <input type="checkbox"/> Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/> Female <input type="checkbox"/> Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Known Allergies:	Known Allergies:
Tattoo/Microchip:	Tattoo/Microchip:

Shirkey Veterinary Clinic requires payment in full at the end of your pet's examination and/or at the time of discharge. We **DO NOT** bill for any products or services rendered.  (initials). We will gladly prepare an estimate for you upon request. By signing below you acknowledge that if you do not pay this account as agreed, the account is subject to costs of collection, attorney fees, and will include a 15% interest fee per month. All returned checks will have a \$29.00 fee.

**Payment Options:**

You can choose from:

- Cash, Check, Visa®, MasterCard® or Discover Card®
- Convenient Monthly Payment Plans from Care Credit
  - Allow you to begin treatment today and pay over time
  - Available for any treatment amount
  - Can be used repeatedly-for your entire family-without having to reapply

By signing below, you agree to the foregoing terms of payment:

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Client/Owner Name (printed)	Client/Owner Signature	Date
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Please fill out **BOTH** sides as completely as possible