



**Shirkey Veterinary Clinic**  
815-634-2424  
135 S Broadway St, Coal City, IL 60416

### **Patient Registration Form**

Name \_\_\_\_\_

Spouse/Co-Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Spouse/Co-Owner's Phone \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Co-Owner's Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse/Co-Owner's Employer \_\_\_\_\_

Spouse/Co-Owner's Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Spouse/Co-Owner's Driver's License Number/State \_\_\_\_\_

**Media Release Policy:** I give Shirkey Veterinary Clinic permission to post pictures, videos, or medical information on social media for marketing or educational purposes.

\_\_\_\_\_ I give permission                      \_\_\_\_\_ I do not give permission

List names and phone numbers of those who have the authorization to approve treatment of any kind to the patient(s) named below. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Essential Pet Information**

Pet's Name \_\_\_\_\_ Age/Date of Birth \_\_\_\_\_

Species    \_\_\_\_\_ Dog                      \_\_\_\_\_ Cat                      \_\_\_\_\_ Other: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex        \_\_\_\_\_ Male                      \_\_\_\_\_ Male (neutered)                      \_\_\_\_\_ Female                      \_\_\_\_\_ Female (spayed)

Known Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tattoo/Microchip \_\_\_\_\_

**Additional Pet(s) Information**

Pet's Name \_\_\_\_\_ Age/Date of Birth \_\_\_\_\_

Species    \_\_\_\_\_ Dog                      \_\_\_\_\_ Cat                      \_\_\_\_\_ Other: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex        \_\_\_\_\_ Male                      \_\_\_\_\_ Male (neutered)                      \_\_\_\_\_ Female                      \_\_\_\_\_ Female (spayed)

Known Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tattoo/Microchip \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age/Date of Birth \_\_\_\_\_

Species \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Male \_\_\_\_\_ Male (neutered) \_\_\_\_\_ Female \_\_\_\_\_ Female (spayed)

Known Allergies \_\_\_\_\_

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. 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.

\_\_\_\_\_ I have read and understand

### **Payment Options:**

You can choose from:

- Cash
- Check
- Credit Card (Visa®, MasterCard®, 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:

\_\_\_\_\_

Date \_\_\_\_\_