

Welcome to Cicero Animal Clinic!

			Date:				
Your name:							
Email address:				We heavily rely	on Email, do	n't forget t	o check it!
Address:							
City:				Zip code:			
Home phone:				Work phone:			
Cell phone: O.K. to to			O.K. to tex	ext for lab results and surgery updates? Yes No			
Spouse/Signific	ant other,	/Relative	e/Friend:				
Spouse phone:							
(The person stated responsible for pay		nake decis	sions on your be	half. As the primary acco	unt holder, y	ou will stil	l be
-	•	-	•	ast name) on social n heck with me first	nedia, if ap	proved.	OK to
Referral: (Circle	One)						
Yellow Pages I	nternet sea	arch Fa	cebook Our	website Chiropraction	c Referral	Friend/	Relative
If referred by a	friend or i	relative,	by whom? _				
Please provide	information	on for th	e pet/pets b	eing seen <i>today</i> :	Pet #2		
Name: Date of Birth:	-			Name: Date of Birth:	-		
Species: Breed:	Cat	J	Other	Species: Breed:	Cat	Dog	Other
Color: Sex:	Female Spayed	Male Neute	red	Color: Sex:	Female Spayed	Male Neute	red
Microchipped:	Yes	No		Microchipped:	Yes	No	

Payment is required at the time of service. If you are planning to pay with a check, you must show a valid driver's license or non driver ID card. We do NOT accept starter checks. If paying by credit card, the card must have a valid signature or show proof of ID. If paying by Care Credit, you must show two forms of ID and can only be used by the card holder or authorized agent.