



Animal Hospital at the Crossing

Kent Davis, D.V.M. • Tegan Stoerger, D.V.M.

3001 Village Office Pl • Champaign, Il. 61822

Phone: (217) 356-6387

www.animalhospitalatthecrossing.com



NEW CLIENT SIGN-IN FORM

NAME _____ SPOUSE _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE (____) _____ CELL PHONE (____) _____

E-MAIL ADDRESS _____

IS IT OK TO SEND INFORMATION TO YOUR E-MAIL? _____

PET'S NAME _____

PET'S NAME _____

DOG _____ CAT _____ OTHER _____

DOG _____ CAT _____ OTHER _____

BREED _____

BREED _____

COLOR _____ AGE _____

COLOR _____ AGE _____

MALE _____ FEMALE _____

MALE _____ FEMALE _____

SPAYED/ NEUTERED? _____

SPAYED/ NEUTERED? _____

HOW DID YOU HEAR ABOUT US?

FRIEND/ RELATIVE _____ WHO CAN WE THANK? _____

YELLOW PAGES _____ SIGN OUT FRONT _____ OTHER _____

I understand that all fees are due at the time of service or release of a patient, whichever is first. We accept cash, check, or credit cards. For any returned checks there will be a fee of \$35.00 and cashiers check, cash or credit card will be the only acceptable form of payment. Any fees incurred in the collection of any debt will be the responsibility of the person listed below and on the account. My signature below indicates that I am the owner of the pet and I have read and understand this form.

Print Name

Signature

Date