



Animal Hospital at the Crossing

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NEW PATIENT SIGN-IN FORM

OWNER'S NAME _____

PET'S NAME _____

DOG _____ CAT _____ OTHER _____

BREED _____ COLOR _____ AGE _____

MALE _____ FEMALE _____ SPAYED/ NEUTERED? _____

PET'S NAME _____

DOG _____ CAT _____ OTHER _____

BREED _____ COLOR _____ AGE _____

MALE _____ FEMALE _____ SPAYED/ NEUTERED? _____

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 \$25.00 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