

Arlington Heights Veterinary Hospital North  
4515 W. Arlington Rd.  
Bloomington, IN 47404  
Phone: 812.332.6955

Arlington Heights Veterinary Hospital South  
4019 S. Old State Road 37  
Bloomington, IN 47401  
Phone: 812.822.3774



## Arlington Heights VETERINARY HOSPITAL

Date:    /    /   

Full Name: \_\_\_\_\_ DOB:    /    /    SSN: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Drivers License#: \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_ DOB:    /    /    SSN: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Cell Phone: \_\_\_\_\_ Drivers License#: \_\_\_\_\_

Person To Contact in Case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

If email is provided it will not be sold to any third parties, it will only be used to better serve you and your pet. You will only receive information regarding your pet from Arlington Heights Veterinary Hospital. Thank you.

To the best of my knowledge, all of the preceding answers are true and correct. I accept full responsibility for all treatment performed. I understand payment is expected at the time services are rendered. I understand that should my account become past due, I will be responsible for all fees, interest charges, late charges and all cost of collection including, but not limited to, attorney's fees and court cost. My signature on this form authorizes the release of any information relating to claims filed on my behalf.

Signature: \_\_\_\_\_ (Patient Information Continued on  
Back)

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Patient Information

Patient Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Coat Color: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Sex: (Circle One)  
Male  
Female  
Spayed Female  
Neutered Male

Patient Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Coat Color: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Sex: (Circle One)  
Male  
Female  
Spayed Female  
Neutered Male

**FOR ADDITIONAL PETS PLEASE ASK THE RECEPTIONIST FOR ANOTHER FORM**

Any Additional Information we may need about your pet:

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