

REGISTRATION FORM

(847) 698-3123 | touhyanimalhospital.com | 2311 W. Touhy Avenue Park Ridge, IL 60068

Today's date:	Acct. no	-
CLIENT INFORMATION		
Last name:	First name:	Alternate name:
Address:	City:	State: Zip Code:
Cell phone:	Home phone:	Email:
PATIENT INFORMATION #1		
Pet name:	Date of Birth:	Dog Cat Other:
Breed:	Color:	Male Female Neutered Spayed
Previous/Regular Veterinarian:		
Reason for today's visit:		
PATIENT INFORMATION #2		
Pet name:	Date of Birth:	Dog Cat Other:
Breed:	Color:	Male Female Neutered Spayed
Previous/Regular Veterinarian:		
Reason for today's visit:		
I understand that all professional fees a	re due at the time services are rendered.	
☐ I understand that a missed appointment	or late cancellation (under 24hr notice will result	in a \$42 charge)
I am interested in learning about Touhy	Animal Hospital's Loyalty Program	
Signature:		Date:

Please note our cancellation policy: A cancellation made with less than a 24 hour notice significantly limits our ability to make the appointment available for another patient in need. Appointment cancellations with less than 24 hours notice will incur a \$42.00 charge. Grooming appointments with less than 48 hours notice will incur a \$42.00 charge. Surgery/Specialist appointments with less than 48 hours notice will forfeit their deposit.