

# HEARTLAND ANIMAL HOSPITAL, PC

1051 W. Stearns Road, Bartlett, Illinois 60103 630-372-2000

## PATIENT REGISTRATION FORM

**Patient Account Number :** \_\_\_\_\_

**Name of Registered Legal Owner:** \_\_\_\_\_

Name of Patient \_\_\_\_\_ Patient Birthdate \_\_\_\_\_

Dog or Cat Male or Female Breed \_\_\_\_\_ Color \_\_\_\_\_

Has your patient been spayed or neutered? Yes or No

Rabies Vaccine History:

Please provide the date of the most recent rabies vaccine: \_\_\_\_\_

**Patient information is personal and confidential. Medical information will be released ONLY to the registered legal owner (s) of this patient with written permission. We will confirm the legal owner's driver's license number and birthdate prior to releasing medical information. Medical records are electronic. Paper medical records are not available.**

**OWNER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_