Client Acct#
To better serve you and your animal companion please fill out the following:

Indian Prairie Animal Hospital

Dr. Samuel M. Ristich
And Associates

Client Name: (Mr. Mrs. Ms.) ________________________ Spouse's Name___________________

Address: ____

City: ___________________ County: ____________ State:___________ Zip code:__________

Home Phone: ______________Cell Phone: _________________ Work Phone: ________________

Email address:__________________________ Place of Employment:_______________________

Driver's License No. (check writing) ______________________________ Exp Date: _________

Referral Information:

How did you become aware of our hospital: Drove by ☐ Yellow Pages ☐ Previous Client ☐ Yelp ☐ Facebook ☐ Google ☐ Website ☐ Newsletter ☐

If another client referred you – whom may we thank? ______________________________

Other Veterinarian or Business Referral? ____

Important Animal Companion Info.

Any previous serious illnesses or surgeries?

____

____

Any known allergies to vaccinations or medications?

____

____

Is your animal companion currently on any medications or prescription diet?

____

Is your animal companion up-to-date on all vaccinations? ___________________________

"No Show" Policy

Failure to give 24 hour notice of rescheduling or cancellation of an appointment, or no-showing for an appointment can result in a charge of $77 (office visit fee) on the patient's account.

Prescription Policy

We require 24 hours notice for prescription refills.

Payment Policies

Full payment is due at the completion of services. Indian Prairie does not do any form of billing. Accepted forms of payment are cash, check (with valid drivers license and not accepted for first time clients), Visa, MasterCard, Discover and Care Credit. Debit cards carrying the Visa/MasterCard Logo are gladly accepted. No Additional Services may be charged to any accounts with outstanding balances past 30 days due. Instead, all fees for such services or products must be paid at the time of service. Any delinquent accounts deemed uncollectible may be sent to a collection agency or attorney for recovery of the balance owed plus reasonable collection and/or court costs, attorney's fees, interest and/or billing fees. If a check is returned to our office for non-sufficient funds or if your credit card company has issued a charge back to your card, a $36 fee will be added to your account.

I have read and understand Indian Prairie's payment policy for services provided.

Signature: _________________________

Date:_____________________________

Patient name__________________

Last Updated 4/14/2023