

For office use only

Entered

Referral

Card

Scanned



## WELCOME TO NORTHGATE VETERINARY CLINIC!

Thank you for giving us the opportunity to care for your pet. Please take a moment to share some important information with us. Please fill out completely and print in all spaces.

OWNER'S NAME (Last, First) \_\_\_\_\_ SPOUSE'S NAME (Last, First) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ (check one)  Home  Cell  Work  Other \_\_\_\_\_

SECONDARY PHONE \_\_\_\_\_ (check one)  Home  Cell  Work  Other \_\_\_\_\_

SPOUSE'S PHONE \_\_\_\_\_ (check one)  Home  Cell  Work  Other \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME (Last, First) \_\_\_\_\_ PHONE \_\_\_\_\_

Best time to contact me is \_\_\_\_\_ Please contact me at \_\_\_\_\_ phone number first.

**How did you find us?**  Yelp  Online search  Drive by  Facebook  Referred by friend (please share their name so we may thank them personally) \_\_\_\_\_  Other \_\_\_\_\_

How would you prefer that we contact you?  Phone  Email  Text  Other

### PET INFORMATION

PET NAME \_\_\_\_\_ SPECIES \_\_\_\_\_ BREED \_\_\_\_\_ SEX  Male  Female

IS YOUR PET SPAYED OR NEUTERED?  Yes  No COLOR \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PET NAME \_\_\_\_\_ SPECIES \_\_\_\_\_ BREED \_\_\_\_\_ SEX  Male  Female

IS YOUR PET SPAYED OR NEUTERED?  Yes  No COLOR \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PET NAME \_\_\_\_\_ SPECIES \_\_\_\_\_ BREED \_\_\_\_\_ SEX  Male  Female

IS YOUR PET SPAYED OR NEUTERED?  Yes  No COLOR \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

We will gladly prepare a written estimate for any services/ treatments that may be performed. Please ask your doctor or receptionist. This will be important to you since:

**ALL PROFESSIONAL FEES ARE DUE AT TIME OF SERVICE.**

In cases of extensive medical or surgical procedures, when full payment may be difficult, we accept Master Card and Visa. You may also establish payment arrangements through Care Credit. There will be a \$50.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized and boarded animals must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and allows the appropriate charges to be assessed at the time of discharge.

Signature of Agent Responsible for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_