NORTHLAKE VETERINARY HOSPITAL NEW CLIENT INFORMATION

OWNER'S NAME:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

PRIMARY CONTACT NUMBER:_____HOME:_____

SECONDARY CONTACT NUMBER:_____EMAIL:_____

EMPLOYER:_____ DRIVERS LICENSE:_____

PAYMENT IS REQUIRED WHEN SERVICES ARE RENDERED.

METHODS OF PAYMENT INCLUDES: CASH, PERSONAL CHECK, CREDIT CARDS

MASTERCARD, AMERICAN EXPRESS, DISCOVER, VISA & CARECREDIT (CAN APPLY IN PERSON)

INITIAL AFTER EACH STATEMENT:

1) I AGREE TO PROVIDE ONE OF THE ABOVE MENTIONED PAYMENT METHODS AT THE CLOSE OF MY VISIT._____
2) I AGREE THAT I AM THE LAWFUL OWNER OF THE LISTED PATIENTS._____
3) I AGREE THAT I AM OVER THE AGE OF 18._____

PETS NAME	COLOR	D.O.B.	SPECIES	BREED	SEX	SPAYED/NEUTERED
1.						
2.						
3.						

ARE THERE ANY SPECIAL MEDICATIONS, CONDITIONS, PAST SURGERIES, ECT?

_____

WERE YOU REFFERED TO US? IF SO, PLEASE LET US KNOW SO WE MAY ACKNOWLEDGE THE REFFERAL._____

IN THE EVENT OF A DROP OFF, OFFICE VISIT, OR BOARDING SITUATION & A DOCTOR'S EXAM REVEALS A PROBLEM; WE WILL MAKE EVERY EFFORT TO REACH YOU. SHOULD WE BE UNABLE TO REACH YOU, PLEASE INDICATE BELOW HOW YOU WOULD LIKE SUCH A SITUATION HANDLED:

( ) I WANT THE BEST MEDICAL CARE POSSIBLE FOR MY PET. PLEASE DO WHATEVER IS NECESSARY.

( ) I WANT GOOD MEDICAL CARE FOR MY PET,BUT THERE IS A LIMIT TO WHAT I WISH TO HAVE DONE.

( ) I WANT TO HAVE PERFORMED ONLY THE PROCEDURES I HAVE REQUESTED,OR THOSE DEEMED ABSOLUTLY NECESSARY BY THE DOCTOR.

MAY WE POST PICTURES OF YOUR PETS TO SOCIAL MEDIA? YES( ) NO( )

WOULD YOU PREFER TEXT, EMAIL, OR POST CARDS AS REMINDERS OF SERVICES THAT ARE DUE?

TEXT( ) EMAIL( ) POST CARD( )