



Client Name: _____ *Date:* _____

Client Spouse/ Other Name: _____

Mailing address: _____ *City:* _____

State, Zip: _____ *Home Phone #:* _____

Work or Cell Phone #: _____ *Second Contact:* _____

E-mail address: _____ *Driver's license #:* _____

How were you referred to us? If one of our current clients sent you, we'd love to have their name so we can thank them!

Pet's name: _____ *Date of birth:* _____

Dog/Cat/Other? _____ *Breed:* _____

Color/Markings: _____

Male/Female? _____ *Spayed/Neutered?* _____

In/outdoor?

Does your pet currently take any medications or have any medical conditions we should be aware of?

Does your pet have any prior history of allergies or intolerance to medications, vaccines, etc.?

Medical Records/Vaccine history (if any): Fax or E-mail in advance of appointment so that the Dr. can review.

Payment is due at time of service.

We will gladly prepare a written treatment care plan if you desire. We accept Visa, MasterCard, American Express, Discover, or payment arrangements can be established with Care Credit, if approved in advance of the treatment. We also take personal checks with a valid driver's license. There will be a \$25 service charge of any returned check on top of the remaining balance.

To prevent the spread of infectious diseases, hospitalized patients must be current on rabies vaccines and free from any internal or external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the itemized invoice

I hereby authorize North Veterinary Clinic to examine, prescribe for or treat my animal presented here today, I assume responsibility for all charges incurred in caring for this animal. I understand these charges will be payable at the time of discharge.

Signature: _____

Date: _____