

Update Client Contact Form



Welcome Back to NorthPaws Animal Hospital!

We love to providing care to your furry and feathered family members! Please confirm your contact information below so that we can continue to provide the best possible care for you and your loved ones.

Name: _____ Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ Email Address: _____

How would you prefer to receive reminders for your pets?

Text Message

Email

Post Card

Are you:

Active or retired military?

Senior Citizen? (over the age of 65)

Financial Responsibility

I, the undersigned, acknowledge receiving services and certify that I will take financial responsibility. In the event that payment is not received and my account becomes assigned to a collection agency, I agree to pay a 20% collection fee, interest in the amount of 15%, court costs, and attorney fees, as allowed by law.

Signature of Owner or Agent (SEAL)

Date: _____

Photograph Release

I, the undersigned, give consent for the employees of NorthPaws Animal Hospital to take photographs of my pet(s) and release rights to exhibit this work in print and electronic form including social media websites such as Facebook and Instagram.

Signature of Owner or Agent

Date: _____

Payment Terms

We require full payment when services are rendered. Cash and checks are always accepted. A \$35 processing fee will be applied for any check that is not able to be processed by the bank. For your convenience we also accept MasterCard, Visa, Discover, and CareCredit.