

New Client Form



Welcome to NorthPaws Animal Hospital!

We would love to provide care to your furry and feathered family members! We know that choosing the right veterinarian is an important decision. Let us show you how our pet care is second to none.

Please help us to get to know you by providing us with some more information about you and your loved family pet(s):

Name: _____ Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____ Email Address: _____

How did you become aware of our practice?

Please mention friends or family members by name so they can receive a ReFURRal Reward!

- | | | |
|--|---|---|
| <input type="checkbox"/> Internet Search/Website Visit | <input type="checkbox"/> Facebook | <input type="checkbox"/> Another Hospital _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Drive By | <input type="checkbox"/> Employee _____ |
| <input type="checkbox"/> Emergency Clinic | <input type="checkbox"/> Radio | <input type="checkbox"/> Relative _____ |
| <input type="checkbox"/> Sign/ Walk-in | <input type="checkbox"/> Humane Society | <input type="checkbox"/> Friend _____ |

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: _____



Your Pet's Information

Pet Name: _____ Color/Markings: _____

Breed: _____ Date of Birth or Approximate Age: _____

Species:

Sex: _____ Is your pet spayed/neutered (please circle): Yes No

Microchipped? (please circle) Yes No

Cat Patients: Indoor Only Outdoor Only Indoor/ Outdoor

Diet (what kind of food and how much?): _____

Does your pet have any allergies to vaccines, medications, environmental or other allergies?

Please list any previous or ongoing health issues:

Please list any and all medications your pet is currently taking:

Please list any dietary restrictions:

What type of Heartworm and flea and tick preventative is your pet currently using:

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.