

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: _____ Co-Owner: _____

Please circle your preferred pronoun: She He They Per Ze Sie Zie Ey. Pronoun not listed, I prefer _____

Please circle co-owner preferred pronoun: She He They Per Ze Sie Zie Ey. Pronoun not listed, I prefer _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please check if mobile/cell phone:

Primary Phone: _____ Secondary Phone: _____

Work 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 and Payment Terms

I, the undersigned, acknowledge receiving services and certify that I will take financial responsibility. We require **FULL** payment when services are rendered. We accept cash, checks, Mastercard, Visa, Discover, American Express, Care Credit, and ScratchPay. 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. A \$35 processing fee will be applied for any check that is not able to be processed by the bank.

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.



Late and No show Policy

NorthPaws policy for late and no-call/no-show appointments. While we understand that things do come up last minute, lateness or no-shows put unnecessary strain on our schedule and we strive to provide the best possible service to both you and your pets. Our petdesk system is a great resource to you, for keeping track of days/times each patient is scheduled.

For chronic lateness (3 or more times), a deposit of the Doctor exam or technician fee would be required. If you arrive up to 5 minutes late, there will be a late fee (\$30). If you are more than 10 minutes late and able to be seen - we would charge the late fee. If you arrive 10 or more minutes late and the Doctor can't see you - the deposit (exam fee) is forfeited and you would need to pay that again when rescheduling. In the event you call to advise you are running late, it would be at the Doctor's discretion on how they want to proceed. For example - if the Doctor is still able to see you, there would be a late fee. If they are unable to see you, the deposit would be forfeited and need to be re-paid when we re-schedule you. If the appointment is scheduled with a technician, the deposit would still be required.

If there are multiple no show/no call's, we will take a deposit of the exam fee, if you cancel or re-schedule with more than a 24 hour notice, the deposit is refundable. If you cancel or no show with less than a 24 hour notice, the deposit (exam fee) will be non-refundable and have to be paid again when re-scheduling.

For surgery, you would be required to pay the low end of the estimate when booking. If you would need to cancel with more than a 24-hour notice, the deposit would be refunded. If re-scheduled with more than a 24-hour notice, it would be carried over to the re-scheduled appointment. If you no show or cancel the same day, the deposit is forfeited and would need to be paid again when rescheduling. Please let us know if you have any additional questions regarding this policy.

Signature of Owner or Agent (SEAL)

Date: _____

Printed Owner or Agent (SEAL)

Date: _____