

WELCOME TO NORTHSIDE VETERINARY HOSPITAL!

Thank you for trusting us with the care of your pets. Please take the time to provide us with important information needed to provide you and your best friend(s) with the best possible care. Please print.

OWNER INFORMATION:

Client's Name: _____ Spouse/Partner: _____

Mailing Address: _____ City: _____ St: _____
Zip: _____

Physical Address: _____ City: _____ St: _____
Zip: _____

Home Phone _____ Cell Phone _____ Spouse Cell _____

Do you qualify for a Military discount? YES NO (must show proof of service). Tax exempt? YES NO

E- mail (Please print clearly below) : Would you like to receive email notification? YES NO

How did you hear about us? _____

Pet's Information

Pet's Name: _____ MALE/FEMALE Spayed/Neutered? YES NO

Age: _____ Breed: _____ DOG CAT Color? _____

Location and Date of last Vaccinations? _____

Is this pet insured? YES NO Special Diet? YES NO Prior Illnesses? YES NO

Is this pet microchipped? YES NO Any known Allergies? YES NO _____

PAYMENT IS DUE AT TIME OF SERVICE. If your pet(s) require hospitalization or emergency surgery, a deposit will be required and the remaining balance due upon discharge. There will be a \$30.00 service charge for all returned checks. We accept all major Credit Cards.

Authorization

_____ (Initials) I authorize the release of my phone number and/or address in the event someone calls in with information from my pets rabies tag.

I, as authorized agent of these pets, authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I allow Northside Veterinary Hospital (NSVH) to release my pets(s) information to other veterinary hospitals, boarding and grooming facilities unless I specifically notify NSVH not to release any information. I assume responsibility for all charges incurred in the care of my pet(s).

Signature of Responsible Party: _____ Date: _____

Visit our website www.nsvhok.com for information about services we offer and online scheduling.