

121 W 45<sup>th</sup>  
Shawnee, OK 74804  
405-273-3700



**NORTHSIDE**  
Veterinary Hospital

Natalie Keith, DVM  
Mariah Goodall, DVM  
Tracy D. Trussell, DVM

## Welcome to Northside Veterinary Hospital!

Thank you for trusting us with the care of your pets.

Please take the time to provide us with the important information needed to provide you and your best friend(s) with the best possible care.

### Owner Information

Client's Name: \_\_\_\_\_ Spouse/Partner \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse/Partner/Representative \_\_\_\_\_  
Primary Email \_\_\_\_\_ How did you hear about us \_\_\_\_\_

Do you qualify for a Military discount? **Yes No** (must show proof) Are your tax exempt? **Yes NO**

What is your preferred method of contact: phone call or text (please circle one).

### Pets Information

Pet's Name \_\_\_\_\_ Male/Female Spayed/Neutered? \_\_\_\_\_ Species \_\_\_\_\_  
Age \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_ Is your pet microchipped **Yes No**  
Date and location of last vaccinations \_\_\_\_\_  
Is your pet insured? **Yes No** If yes what insurance \_\_\_\_\_  
Prior Illness **Yes No** If yes what \_\_\_\_\_  
Any known allergies **Yes No** If yes what \_\_\_\_\_

### ***PAYMENT IS DUE AT TIME OF SERVICE WE DO NOT OFFER PAYMENT PLANS***

We accept all major Credit Cards, Scratch Pay, Care Credit, Cash and Checks. There is a service fee of \$30.00 for all returned checks. I, as authorized agent of the pet(s), I authorize the veterinarian to examine, prescribe for, and/ or treat my pet(s). I allow Northside Veterinary Hospital (NSVH) to release my pet(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).**

Printed Name of Responsible Party: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Information entered [ ] Scanned and Attached [ ]

**Additional pet form on the back**

## Additional Pet Information

### Pets Information

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Age \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_ Is your pet microchipped **Yes No**  
Date and location of last vaccinations \_\_\_\_\_  
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Prior Illness **Yes No** If yes what \_\_\_\_\_  
Any known allergies **Yes No** If yes what \_\_\_\_\_

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**Thank you for trusting in the Northside team! We look forward to seeing you soon!**