

121 W 45th Street
Shawnee, OK 74804
Ph: 405-273-3700



NORTHSIDE

VETERINARY HOSPITAL

Welcome to Northside Veterinary Hospital

Josiah Dame, DVM
Jessica Eastep, DVM
Natalie Keith, DVM
Tracy Trussell, DVM

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 Name: _____ Primary Phone: _____
Additional Owner: _____ Additional Phone: _____
Mailing Address _____ City _____ St _____ Zip _____
Physical Address _____ City _____ St _____ Zip _____
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).

Pet Information

Pet's Name: _____ Species: cat dog horse other: _____
Please Circle: Spayed Female Intact Female Neutered Male Intact Male
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 Illnesses **Yes No** If yes, please list: _____
Please list all current medications, including preventions: _____
Any known allergies **Yes No** If yes, please list: _____

Space for additional pets is on the back of this form

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), 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: _____

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

Additional Pet Information

Pet Information

Pet's Name: _____ Species: cat dog horse other: _____

Please Circle: Spayed Female Intact Female Neutered Male Intact Male

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 Illnesses **Yes No** If yes, please list: _____

Please list all current medications, including preventions: _____

Any known allergies **Yes No** If yes, please list: _____

Pet Information

Pet's Name: _____ Species: cat dog horse other: _____

Please Circle: Spayed Female Intact Female Neutered Male Intact Male

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 Illnesses **Yes No** If yes, please list: _____

Please list all current medications, including preventions: _____

Any known allergies **Yes No** If yes, please list: _____

Pet Information

Pet's Name: _____ Species: cat dog horse other: _____

Please Circle: Spayed Female Intact Female Neutered Male Intact Male

Age: _____ Color: _____ Breed: _____ Is your pet microchipped: **Yes No**

Date and location of last vaccinations: _____

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Prior Illnesses **Yes No** If yes, please list: _____

Please list all current medications, including preventions: _____

Any known allergies **Yes No** If yes, please list: _____