Northwoods Animal Hospital

New Client Information

Thank you for giving Northwoods Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Name: _____ Co-owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (___) _____ Cell Phone: (___) _____

Employer: _____ Work Phone: (___) _____

Co-owner Phone: (___) _____ Co-owner Work: (___) _____

Driver's License Number _____ State Issued _____

Primary Contact: Home/Cell/Work/Co-owner Secondary: Home/Cell/Work/Co-owner

Email Address: _____

How did you find our hospital?

□ Hospital sign or our location

□ Internet (Google, Nextdoor, Facebook, etc.) _____

□ Personal recommendation – Who may we thank? _____

□ Other (Please list) _____

May we share any reviews you wish to write on our website or in printed materials? Yes No

May we use images of your pet on our website, other internet sites, or on printed materials? Yes No

Check us out on Facebook & visit our website for information, news, and to read client reviews!

PET INFORMATION

Name: _____ Species: ☐ Dog ☐ Cat Breed: _____

Color: _____ Birth date: _____ or Age: _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Major medical problems: _____

Known drug allergies: _____

Current Medications/Special Diets: _____

Reason for today's visit: _____

I authorize Northwoods Animal Hospital to examine and provide treatment for the above described pet, and agree to provide payment of any charges incurred. I understand that the hospital's policy is payment in full is due when services are rendered and therefore agree to provide pay at discharge. In the event this account becomes delinquent, all fees and expenses incurred during collection will be added to this account.

It is our policy to provide you with a written estimate upon request. A deposit prior to treatment may be required depending upon the situation.

Client Signature _____ Date _____