Welcome to NorthPointe Animal Hospital

Thank you for making us Your Neighborhood Veterinarian. We are happy to be your partners in the care of your pet's health. To help us get to know your pet, please fill out the following information:

NEW CLIENT/PATIENT REGISTRATION FORM Date:_____

Owner Information (Please print)

Your name_____ Driver's License #_____ Exp._____
Address _____
City_____ State_____ Zip_____
Phone #s: Home_____ Cell_____ Work_____
E-mail:_____ Would you like to receive pet reminders via this e-mail? Yes / No
Who else is responsible for your pet?
Name_____ Relationship _____
Address_____
City _____ State _____ Zip _____
Phone #s: Home_____ Cell_____ Work_____
e-mail address_____ Would you like to receive pet reminders via this e-mail? Yes / No

How did you hear about NorthPointe? □ Coupons □ Facebook
□ Hospital Sign □ Website □ Yellow Pages: SBC / Valley Yellow Pages (please circle one)
□ Referred by CVMA □ Recommended by_____
□ Other _____

Your pet (please fill out separate form for each pet)

Name of pet_____ □ Dog □ Cat □ Other_____
Sex □ Male □ Female □Unknown ◆◆ Spayed/neutered? □ Yes □ No ◆◆ Age_____
DOB_____ Breed_____ Color / Markings_____
Vaccination History (date and type of last vaccinations)_____
Any diseases your pet has been diagnosed with_____
Current Medications_____
Reason for visit today_____
Have you noticed any of the following symptoms?

□ Behavior Problems	□ Gagging	□ Seems Depressed
□ Bleeding Gums	□ Lack of Appetite	□ Shaking Head
□ Breathing Problems	□ Limping	□ Sneezing
□ Coughing	□ Loss of Balance	□ Thirst and/or Urination increased
□ Diarrhea	□ Scooting	□ Vomiting
□ Eye Bulging or Bloodshot	□ Scratching	□ Weakness

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid in full at the time of release and that a deposit may be required for treatment. I am at least 18 years of age and capable of taking financial and legal responsibility for this pet.

Signature _____

Professional fees are to be paid at time services are rendered.

I will be paying today with: □ Cash □ Check □ Visa □ MasterCard □ Debit