



## CLIENT AND PATIENT INFORMATION

<input type="checkbox"/> New Client	<input type="checkbox"/> New Patient	Driver's License Number:
Today's Date:		Client Number:

**PATIENT INFORMATION**  
(please give any of your pet's prior records to the receptionist)

Pets Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Spayed or Neutered:
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Approximate Date Of Birth:	Color:	Breed:	
Previous Veterinarian:			
Please tell us the reason for your visit today:			
How did you first hear of us? <input type="checkbox"/> Internet <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Referral <input type="checkbox"/> Other			
If referred to us by a client, Who may we thank for this referral?			

**OWNER INFORMATION**

Owner(s) Name:		
Address:		
City:	State:	Zip:
Email:		
Primary Phone:		Home Phone:
Secondary Phone:		Other Phone:
Emergency Contact:		Emergency Contact Number:

**INFORMED CONSENT**

I hereby authorize the veterinarian to examine, prescribe for, and treat the above pet. I certify that I am 18 years of age or older and that I am legally financially responsible for the treatment received at NorthPointe Animal Hospital. I will assume responsibility for all charges incurred for the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED OR BOARDED PET. If full payment is not made as required, NorthPointe Animal Hospital has my permission to obtain credit information from an authorized agency to assess my credit worthiness and/or to aid in collection.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Reviewed: \_\_\_\_\_