

New Client Registration

Client Name: _____ Co-owner/Spouse Name: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Co-owner Cell Phone: _____

Which number is preferred for reminders/callbacks? _____

For vaccination/appointment reminders, would you prefer an e-mail or postcard? _____

E-mail Address: _____

How did you hear about our practice? _____

Whom may we thank for referring you to our practice? _____

Do you have pet insurance? _____

New Patient Registration

Pet's Name: _____ Species: Dog _____ Cat _____

Breed: _____ Color/Specific Markings: _____

Gender: Male _____ Female _____ Neutered/Spayed _____ Approximate Date of Birth or Age: _____

Is your pet microchipped? Yes _____ No _____ I Don't Know _____

When/Where did you obtain your pet? _____

Where may we request your pet's previous medical records? _____

Current known medical conditions: _____

Current medications: _____

Are there any known allergies/vaccine reactions? _____

Are there other pets in your household? Indicate how many: Dogs _____ Cats _____ Birds _____ Other _____

I assume responsibility for all charges incurred in the care of this animal. I further understand that these charges must be paid at the time of release. In admitting my pet(s) for examination, diagnostics, treatment, or surgery, I authorize the veterinarians of North Shore Family Pet Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. A 50% deposit may be required for hospitalization and/or surgical treatment. We will gladly prepare an estimate of fees at your request.

Signature: _____ Date: _____