



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: \_\_\_\_\_ Spouse/Co-owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse/Co-owner Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Primary Contact: Home/Cell/Work Secondary: Home/Cell/Work Driver's license \_\_\_\_\_ State Issued \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you find our hospital?

\_\_\_ Bellsouth Yellow Pages (Yellow Book)

\_\_\_ Hospital sign or our location

\_\_\_ Internet (Google, City Search, Local Vets, etc) \_\_\_\_\_

\_\_\_ Personal recommendation - Who may we thank? \_\_\_\_\_

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: \_\_\_\_\_

Breed: \_\_\_\_\_ Birth date: \_\_\_\_\_ or Age: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: (spayed/neutered) \_\_\_\_\_

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 \_\_\_\_\_