

CLIENT INFORMATION

PLEASE PRINT: MR: _____ MRS. _____ MS. _____
OWNERS LAST NAME: _____ FIRST: _____
SPOUSE'S LAST NAME: _____ FIRST: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ MOBILE: _____
WORK: _____ EMERGENCY: _____
E-MAIL: _____

PET INFORMATION

PET'S NAME: _____ BREED: _____
DOG: _____ CAT: _____ OTHER _____
MALE: _____ NEUTERED: _____
FEMALE: _____ SPAYED: _____
COLOR: _____ D.O.B/AGE: _____
PLEASE LIST ALL MEDICATIONS YOUR PET IS ON: _____

IS YOUR PET CURRENT ON ALL VACCINATIONS: _____

METHOD OF PAYMENT *(Please circle one)*

CASH CHECK CREDIT CARD CHECK CARD

CHECK WRITING INFORMATION: *(This section must be filled out if writing a check.)*

DRIVERS LICENSE # _____ STATE: _____
OWNERS D.O.B: _____

VETERINARIAN INFORMATION

NAME OF YOUR VETERINARIAN & FACILITY _____
TELEPHONE # _____

HOW DID YOU HEAR ABOUT OUR HOSPITAL?

VET REFERRAL _____ YELLOW PAGES _____ INTERNET SEARCH _____ FRIEND _____ OTHER *(please list)* _____

I hereby irrevocably consent to the use of any images of my pet, taken by NorthStar Vets, in any and all marketing materials.
(Please Initial) Yes _____ No _____

I authorize the treatment of my pet by the team at NorthStar VETS and I understand that I am responsible for the payment of services when rendered.

 **Signature** _____ **Date** _____

If you have any x-rays or records from your local veterinarian, please give to the receptionist upon arrival. Thank You!