

<input type="checkbox"/> Entered
<input type="checkbox"/> Referral
<input type="checkbox"/> Card



Welcome to our clinic! Thank you
Please take a moment to share
Please fill out completely and

for giving us the opportunity to care for your pets.
some important information with us.
legibly. Please email us any records you may have on your pet
at Northgate@northgateveterinary.com.

Owner Name _____ Secondary Owner Name _____

Address _____ City _____ Zip Code _____

Primary Phone _____ Home/Cell _____ Alternate Phone _____ Home/Cell _____

Email Address _____ Emergency Contact Name/Phone _____

Preferred communication method (text, email, call)? _____

Pet Information

Name _____ Breed _____ Color _____

Male / Female Spayed/Neutered Age/Date of Birth _____

Do you have other pets in the house hold

Name _____ Breed _____ Color _____

Male / Female Spayed/Neutered Age/Date of Birth _____

Name _____ Breed _____ Color _____

Male / Female Spayed/Neutered Age/Date of Birth _____

How/Why did you select us? (Please include names so we can thank them!)

ALL PROFESSIONAL FEES ARE DUE AT TIME OF SERVICE

We will gladly prepare a written estimate of all treatment and services that are recommended with appropriate fees outlined before the procedures are performed. In the event that fleas are seen on your pet we require a dose of Capstar (Canine \$20.34, Feline \$19.95) given in hospital. Capstar is a flea medication that eliminates fleas on contact with one single dose.

The signature below authorizes care for my pet(s). I also agree to pay the full invoice amount associated for that care on the date treatments are provided.

We accept Cash, Check, Visa, MasterCard, Care Credit
A \$50 service fee will be applied to any returned or unpaid checks.

Signature of person responsible for pet(s) _____

Thank you for giving us the opportunity to care for you and your pets.