

Northwest Pet Hospital

New Client Form

Thank you for giving Northwest Pet Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Client Information:

Name: _____ Significant Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ How did you hear of us? _____

We make every effort to minimize the cost of your pet's care. Payment is due at time services are rendered. Payment can be made in the form of cash, check or credit card. Questions regarding fees are encouraged and welcomed.

Pet Information:

1. Name: _____ Dog Cat
Breed: _____ Male Female
Color: _____ Age or DOB: _____ Neutered Spayed
Approximate date of last vaccination: _____

2. Name _____ Dog Cat
Breed: _____ Male Female
Color: _____ Age or DOB: _____ Neutered Spayed
Approximate date of last vaccination: _____

Previous Vet: _____

Authorize Release of Records: _____