



Northern Hope Veterinary Care

New Client/Patient Form

Thank you for trusting Northern Hope Veterinary Care to care for your pet. So that we may become better acquainted, please complete the following:

Client Information:

Owner 1: _____
Last First Middle Initial

Owner 2: _____ Relationship: _____
Last First Middle Initial

Current Address: _____
Street City State Zip

Primary Phone: _____ Mobile Phone: _____ Owner 2 Phone: _____

Email: _____ **Preferred Communication:** Email / Mail / Phone / Text Message

Permission to use pictures, history, or medical information about your patients in the media?
i.e. Print materials, our website, or our facebook _____ Yes _____ No

Previous Vet: _____ Phone: _____

How did you hear about us?: _____

Patient Information:

Pet #1 (check one): _____ Cat _____ Dog

Name: _____

Breed: _____

Color: _____

Date of Birth: _____

Sex: _____

Spayed/Neutered: _____ Microchipped: _____

Pet #2 (check one): _____ Cat _____ Dog

Name: _____

Breed: _____

Color: _____

Date of Birth: _____

Sex: _____

Spayed/Neutered: _____ Microchipped: _____

Does your Pet have, or have they ever had problems with the following: *(Please all that apply, with Pet 1 or 2 next to item)*

_____ Diarrhea	_____ Lethargy	_____ Coughing	_____ Sneezing
_____ Coughing	_____ Sneezing	_____ Exercise Intolerance	_____ Urinary Problems
_____ Behavior Problems	_____ Itching	_____ Limping/Difficulty Walking	_____ Dental Problems
_____ Respiratory Problems	_____ Heart Problems	_____ Rash	

Other *(Please Describe)*: _____

Known Medical Conditions Pet 1: _____

Known Medical Conditions Pet 2: _____

Payment Policy: FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES. Alternative payment plans must be discussed prior to the start of treatment. Deposits are required on major/surgical cases, trauma cases, and emergency work where hospitalization is required. There is a fee for all refunded checks. Outstanding balances upon accounts may result in account information being sent to a collections agency.

Signature of Owner or Agent:

Date