

Welcome to Northwest Animal Hospital!

Thank you for the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely.

Sincerely,
The staff and Doctors of Northwest Animal Hospital

Personal Information

Owner: _____ DL# _____

Spouse or Co-Owner: _____ DL# _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Cell: _____

E-mail Address: _____

(Please note: we do NOT sell your email address.)

Employer: _____ Work #: _____

Emergency Contact Name: _____ Phone #: _____

How did you hear about our clinic? Our Sign _____ Advertisements _____

Yellow Pages _____ Other Clinic _____ Friend/Family _____ Our Staff _____

Who may we thank for referring you? _____

Pet Health History

Pet's Name: _____

Pet's Name: _____

Breed: _____

Breed: _____

Color: _____

Color: _____

Date of Birth: _____

Date of Birth: _____

Male Neutered Female Spayed

Male Neutered Female Spayed

Pet's Current Medications: _____

Pet's Current Medications: _____

Pet's Diet: _____

Pet's Diet: _____

Previous Vet: _____

Previous Vet: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the above animal(s). I also understand that these charges will be paid at the time services are rendered.

I will be paying for today's charges by:
Cash _____ Check _____ Credit Card _____

Signature of Owner: _____ Date: _____