

Welcome to:
NORTHERN VETERINARY ASSOCIATES

Client Information:

Date: _____
Name: (First and Last) _____
Spouse's Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Employer: _____
Driver's License #: _____
E-Mail Address: _____

Pet Information:

Pet's Name: _____
Sex: M _____ F _____ Neutered Male _____ Spayed Female _____
Birth date: _____ Breed: _____
Color/Markings: _____
What brand of food do you feed your pet: _____
List vaccines your pet has received: _____
List your pet's current medications _____

Please list any symptoms or problems you have noticed with your pet: _____

How will you be paying for your visit today? **Cash** _____ **Check** _____
Credit Card: MasterCard _____ Visa _____ Discover _____ **Care Credit** _____

Authorizations:

I hereby authorize the veterinarian to exam, prescribe for, or treat the above described pet. I assume responsibility for all the charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

I hereby authorize NVA to release my pet's vaccine/health information to Boarding Facilities, Groomers, Veterinary Clinics, Animal Rescues and/or Animal Shelters upon their request. Circle one: YES NO

Signature of client responsible for pet(s) _____ Date _____

CONFIDENTIAL