



NORTHWOOD OAKS VETERINARY HOSPITAL

MEDICINE • SURGERY • DENTISTRY

NEW CLIENT FORM

WELCOME to our practice! We're pleased to have you as a part of the Northwood Oaks Veterinary Family. In order for our records to be as complete as possible, please provide the following information.

CLIENT INFORMATION

Client Name _____ Spouse's Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ Other Phone _____

Preferred Contact Number Home Cell Other _____

How did you hear about our practice? Drive-by/Sign Internet

Client Referral _____

PET INFORMATION

Add information for additional pets on the back of this form

Pet Name _____ Species Canine Feline

Breed _____ Color _____

Birthdate or Approximate Age _____ Sex Female Male

Is your pet spayed/neutered? Yes No Unsure

Does your pet have a microchip? Yes No Unsure

Does your pet have any allergies to foods or medications? _____

Any surgeries, illnesses or severe injuries in the past? _____

Name of previous veterinary hospital/adoption agency _____

City/State _____ Phone Number _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

For your convenience, we accept cash, check, Visa, Mastercard, Discover, American Express or Care Credit. Please note that we can only accept Florida checks with a copy of the account holder's valid Florida driver's license.

Our staff is happy to prepare a written estimate for any services if you wish – JUST ASK US!

With your signature below, you authorize Northwood Oaks Veterinary Hospital to take pictures of your pet in connection with our facility and use such photographs for in hospital and marketing purposes, including but not limited to websites, social media, pamphlets, slide shows and teaching cases. Please speak with a receptionist if you do not wish to authorize photographs or their use.

Signature _____ **Date** _____