

****NEW CLIENT SPECIAL****

Present this client registration form at time of initial appointment and receive \$15 off your first office visit/exam. (New clients only, one coupon per household, cannot be combined with any other offers)



WELCOME TO NORTH PAWS

CLIENT REGISTRATION

REFERRED BY: _____ PREVIOUS VETERINARY HOSPITAL: _____

Preferred contact method: Phone / Mail / Email

CLIENT INFORMATION

Owner Name: _____ Spouse/Partner: _____
First Last

Address: _____
Street Apt/Suite City Zip Code

Phone Number: _____
Home Cell Work

Email address: _____

Employer: _____

Emergency contact: _____
Name Phone

Would you like to receive more information on:

- Grooming
- Pet Care Packages
- Financing

PATIENT INFORMATION

PET'S NAME:	PET'S NAME:
BREED:	BREED:
COLOR:	COLOR:
D.O.B/AGE:	BIRTH DATE/AGE:
GENDER: NEUTERED/SPAYED:	GENDER: NEUTERED/SPAYED:
DATE OF LAST RABIES VACCINE:	DATE OF LAST RABIES VACCINE:
KNOWN ALLERGIES:	KNOWN ALLERGIES:

Does your pet have behavioral problems? No Yes _____

Is your pet aggressive? No Yes _____

Has your pet ever bitten anyone? No Yes _____

PLEASE LET US KNOW IF YOU HAVE MORE PETS IN YOUR HOME THAT WILL BE VISITING US

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED*

*Any services totaling to \$500 or more require a deposit.

I accept all financial responsibilities for any pet(s) brought in by the following individuals (including spouse): _____

I accept all financial responsibilities for any medical or non-medical services rendered while any pet(s) listed herein are in the care of North Paws Veterinary Clinic.

Signature of Guarantor or Owner: _____ Date: _____

Signature of Person presenting Pet(s) for treatment, if other than Owner: _____