

Office Use Only

- NC
 REF

About You:

Client Name _____ Spouse/Other _____

Street Address _____ City _____ State _____ Zip _____

Mobile Phone _____ Home Phone _____

Spouse Phone _____ Email Address _____

How did you hear about our office? Internet Client _____ Other

About Your Pets: (continue on back if needed)

Pet Name	Dog or Cat	Date of Birth	Sex	Spayed or Neutered?	Breed	Color

What hospital can we request previous veterinary records from? _____

Payment is due at the time services are rendered. We accept Cash, Check, Visa, MasterCard, Discover, and Care Credit (Care Credit for amounts over \$200 only)

Informed Consent

I am the legally responsible person for the animal/s described in my client/patient file. I hereby authorize Northwest Veterinary Clinic to examine, prescribe for, treat, or perform surgery upon those described pet/s. I also consent to the administration of such anesthetics as are necessary. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the clinic or when service is otherwise terminated. I further understand that veterinary service is provided during night time hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided at all times.

Signature _____ Date _____

Social Media Release

I grant the following permission for Northwest Veterinary Clinic to use or post photos on their website or social media.

- May use photos of my pet only May use photos of my pet and family May NOT use photos

Signature _____ Date _____