



Client Information Form

Thank you for choosing our hospital for your pet's care.

Owner's Name: _____ Cell Number: _____ Ok to text? Y N

Address: _____ Apt#: _____ Home Number: _____

City/State/Zip Code: _____ E-mail: _____

Place of Employment: _____ Work Number: _____

Co-Owner's Name: _____ Cell Number: _____ Ok to text? Y N

Relationship to Co-Owner: _____ Other Authorized Individuals: _____

Previous Veterinary Hospital: _____ May we contact them? YES NO

How did you learn about the Animal Hospital of Northwood? _____

Personal Referral: _____

Whom may we thank?

Primary Phone Contact: Cell Home Work Co-Owner

Reminder for upcoming visits: Call Email Text

Okay to text regarding lab results: YES NO

I authorize the Animal Hospital of Northwood to use images of my pet(s) for educational and media purposes (website, Facebook, Instagram, etc.). YES NO

I take responsibility for all charges incurred from the care of my pet, and understand that these charges must be paid in full at the time of service. I also understand a deposit may be required for any surgical treatment. I also understand that all calls with Animal Hospital of Northwood may be recorded for quality and training purposes.

Signature of owner: _____

Date: _____

Please fill out the following information: (license is only needed when writing checks)

Driver's License # _____

A returned check fee of \$35.00 will be charged for any returned checks

Internal use
Computer Verified
Date _____
Initial _____