

## North Hills Veterinary Hospital Client/Patient Info Sheet

Name:	Spouse:
Address:	
City/State/Zip:	
Please list phone numbers and type (home, cell, work, etc):	
Email address:	
Preferred method of contact:	
Driver's License (required for personal checks):	
How did you find us?                      Sign                      Yellow Pages                      Online                      Family/Friend                      Other	
If you were referred to us, who can we thank?	

Pet Name	Breed	Sex	Neutered	Age (D.O.B.)	Color	Microchip #
			Yes No			
Known Medical Condition(s):						
Current Medications:						
Known Allergies:						
Diet:						

Pet Name	Breed	Sex	Neutered	Age (D.O.B.)	Color	Microchip #
			Yes No			
Known Medical Condition(s):						
Current Medications:						
Known Allergies:						
Diet:						

I hereby authorize the veterinarians at North Hills Veterinary Hospital to examine, prescribe for, and treat the above described pet(s). Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered and medications, goods, and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. All fees are due at the time services are rendered.

By my signature below, I hereby agree to all of the above.

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_