

New Client Information

Welcome to Northside Veterinary Hospital. Please help us provide for your pet with the best care possible by completing this form.



Today's Date: _____ / _____ / _____

Mrs. _____ Mr. _____ Dr. _____ Ms. _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

Do you have a current veterinarian outside of Northside? Yes _____ No _____

Employer: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

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Spouse or Additional Contact:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

Authorized to treat pet? Yes _____ No _____ Initial here: _____

Employer: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

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How did you hear about us?

Google Ads _____ Hospital Sign _____ Radio _____ Website _____ Yellow Pages _____

Personal Recommendation _____ Whom can we thank? _____



Download the PetDesk mobile app to receive reminders, request and confirm appointments, refill medications, access health records, and more! Email address required.



Northside has partnered with Pumpkin Pet Insurance- Pumpkin offers insurance for illnesses & accidents as well as an optional Preventive Essentials Pack that helps cover the costs of yearly check-ups, vaccines, and lab tests that screen for parasites.

Pet Information

Pet 1

Name _____ Age/Birthday _____

Species (dog, cat, etc.) _____ Breed _____

Color: _____ Male _____ Female _____

Spayed/Neutered? Yes _____ No _____

Has your pet ever had a reaction to vaccines or medications? Yes _____ No _____

If yes, what? _____

Reason for visit: _____

Other medical history we should know about: _____

Pet 2

Name _____ Age/Birthday _____

Species (dog, cat, etc.) _____ Breed _____

Color: _____ Male _____ Female _____

Spayed/Neutered? Yes _____ No _____

Has your pet ever had a reaction to vaccines or medications? Yes _____ No _____

If yes, what? _____

Reason for visit: _____

Other medical history we should know about: _____

Pet 3

Name _____ Age/Birthday _____

Species (dog, cat, etc.) _____ Breed _____

Color: _____ Male _____ Female _____

Spayed/Neutered? Yes _____ No _____

Has your pet ever had a reaction to vaccines or medications? Yes _____ No _____

If yes, what? _____

Reason for visit: _____

Other medical history we should know about: _____

Who is your pet insurance provider _____

Authorization of Treatment and Financial Responsibility

I am the owner of the above pet(s), or I am acting as agent for the owner and authorize Northside Veterinary Hospital to treat this animal(s). I accept full financial responsibility, which will be **paid in full** at the time of the release of the animal, unless other arrangements have been made **in advance**. A 50% deposit will be required on all surgical and hospitalized procedures. If you are paying by check, a driver's license number is required. I have read and understand this authorization and consent.

Signature: _____