

**WELCOME TO NORTHERN OAKS BIRD & ANIMAL HOSPITAL**

**Information about you:**

**OWNER'S NAME:** Mr./Mrs./Ms./Dr. \_\_\_\_\_

CO-OWNER'S NAME: \_\_\_\_\_

**DRIVERS LICENSE #:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

(include apartment #)

**HOME PHONE #:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

EMPLOYER : \_\_\_\_\_ May we contact you at work? Y/N

E-MAIL ADDRESS: \_\_\_\_\_

How did you hear about our Hospital? (Check One)

\_\_\_\_\_ Individual Who may we thank? \_\_\_\_\_

\_\_\_\_\_ Another Vet or clinic Who may we thank? \_\_\_\_\_

\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Hospital Sign/Drive By \_\_\_\_\_ Other

We will gladly prepare a written estimate of charges if you desire. Please ask the receptionist or Doctor. **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept **cash, check** and all major **credit cards**. However, we do not accept checks as payment from new clients on the first visit. A payment plan through **Care Credit** is available with approval. There is a \$25.00 **return check fee** on all returned checks. The customer is liable for **all collection agency fees** should their account be turned over to collections.

**SIGNATURE :** \_\_\_\_\_

**Information about your pet:**

**Pet's Name:** \_\_\_\_\_ **Cat, Dog, Bird, Other:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Spayed/Neutered:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **How long owned:** \_\_\_\_\_ **Indoor or Outdoor Pet**

Previous Vet: \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

List your pet's medical problems: \_\_\_\_\_

Let us know of your other pets you wish us to add as our patients!