

# NORTHSIDE ANIMAL HOSPITAL

WELCOME TO OUR PRACTICE

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY# \_\_\_\_\_ (ok to leave message: Y / N ) SECONDARY# \_\_\_\_\_

EMAIL: \_\_\_\_\_

PETS NAME: \_\_\_\_\_ M F S N

DOG \_\_\_\_\_ CAT \_\_\_\_\_ FERRET \_\_\_\_\_ RABBIT \_\_\_\_\_ REPTILE \_\_\_\_\_ BIRD \_\_\_\_\_

How does your pet normally act at the vet? \_\_\_\_\_

Do you have a doctor preference? \_\_\_\_\_

## Payment Policies-

1. **Payment is expected at time of service.** In order to focus on our patients' needs, customer service and minimizing costs, we no longer bill.
2. We accept cash, debit cards, credit cards (Visa, Mastercard, or Discover), Care Credit and Pay. All cards must be signed by the owner of the card.

\* Please have records from your previous veterinarian either e-mailed or faxed. (e-mail is preferred) [574nah@gmail.com](mailto:574nah@gmail.com) or (603) 644-7935 Thank you ☺

## HOW DID YOU HEAR ABOUT US?

\_\_\_\_ FAMILY / FRIEND IF SO, WHO? \_\_\_\_\_

\_\_\_\_ RETURNING CLIENT \_\_\_\_ ANOTHER VET CLINIC/SHELTER/STATE PLAN

\_\_\_\_ WEBSITE/INTERNET SEARCH \_\_\_\_ GPS \_\_\_\_ CMC/ELLIOT EMPLOYEE