



Welcome to Northside Animal Hospital. To ensure the best care possible, please take the time to fill out our new client registration form in its entirety. We appreciate you and look forward to meeting you, and your pet(s)!

New Client Questionnaire • Canine & Feline

Today's Date: _____

All contacts, including Emergency, must be over the age of 18 years.

Name: _____

Spouse or Partner: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Mobile Home

Secondary Phone Number: _____ Mobile Home

Emergency/Secondary Contact: _____

Relationship: _____

Phone Number: _____ Mobile Home

Is your emergency contact allowed to make decisions regarding your pet(s) health should you be unreachable? Yes No

Please note that your Emergency contact is also financially responsible should primary and/or secondary owner be unavailable.

E-Mail Address: _____

Previous Veterinarian: _____

New Client Checklist
Please ensure the following has been completed. These items can be returned to the hospital, or email directly to us at: info@northsideanimalhospital.com
[] Complete this form
[] Prior vet records sent
[] Does your pet have medication refills that need attention?
If yes, please list:

Pet Information

Name: _____ Canine Feline Breed: _____

Age: _____ Male Female Neutered?: Yes No Microchip?: _____

Diet & Medications: _____

Name: _____ <input type="checkbox"/> Canine <input type="checkbox"/> Feline Breed: _____ Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Neutered?: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip?: _____ Diet & Medications: _____ _____
Name: _____ <input type="checkbox"/> Canine <input type="checkbox"/> Feline Breed: _____ Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Neutered?: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip?: _____ Diet & Medications: _____ _____

Northside Animal Hospital Payment Policies

Payment is expected at the time of service. In order to focus on our patients’ needs, customer service, and minimizing costs – we no longer offer billing services or payment plans. We accept cash, debit cards and credit cards including Visa, Mastercard, or Discover. We do not accept American Express. All cards must be signed by the owner of the card. **Due to recent policy changes, checks are no longer accepted.** We do offer the option of pre-paying for visits of procedures. We are happy to add a credit onto your account prior to your pet’s visit. Many times, this can help offset any unexpected costs. For payment assistance, we encourage clients to consider Care Credit or Scratch Pay.

Initials: _____

Pet Insurance

Another popular option for your family and pet is to consider pet insurance. At Northside Animal Hospital, we highly recommend and encourage insurance as a way to provide payment assistance for unexpected expenses. There are many insurance options such as ASPCA, Nationwide, and Trupanion – each has its own strengths and recommends owners to research their options. **Payment is expected at the time of service, and insurance claims are the responsibility of the pet owner to submit.**

I understand that I am responsible for payment at the time of services rendered.

Date: _____

Printed of Owner or Agent responsible for pet(s): _____

Signature of Owner or Agent responsible for pet(s): _____

Northside Animal Hospital