



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

### New Exotic Patient Questionnaire

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: \_\_\_\_\_

*New Patient 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](mailto:info@northsideanimalhospital.com)

- Complete this form
- Prior vet records sent
- Does your pet have medication refills that need attention?

*If yes, please list:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Exotic Pet Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female Neutered?:  Yes  No Date & Place Acquired: \_\_\_\_\_

Diet: \_\_\_\_\_

Housing, Location & Cleaning Schedule: \_\_\_\_\_

\_\_\_\_\_

Name: _____ Species: _____ Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Neutered?: <input type="checkbox"/> Yes <input type="checkbox"/> No Date & Place Acquired: _____ Diet: _____ Housing, Location & Cleaning Schedule: _____ _____
Name: _____ Species: _____ Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Neutered?: <input type="checkbox"/> Yes <input type="checkbox"/> No Date & Place Acquired: _____ Housing, Location & Cleaning Schedule: _____ _____

**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): \_\_\_\_\_