Client Information

Thank you for giving Northpointe Veterinary Hospital the opportunity to care for your pet. To help us better serve your pet, please complete the following:

Owner(s) _____ Spouse/other _____

Address_____
Street/Mailing City Zip Code

Home Phone_____ In case of an emergency, please call _____ Phone _____

Employer's Name/Address_____ Work Phone _____

Spouse's Employer Name /and Address _____ Work Phone _____

How did you first hear of our hospital? ☐ Yellow Pages ☐Saw Sign ☐ Internet Web Site ☐ Pet Shop ☐ Another Veterinarian
☐ Referral from Friend – someone we may thank? _____
☐ Other : _____

If your pet is the patient of another veterinary hospital, and you have come to Northpointe for overnight Emergency or Critical Care Services, we want to coordinate a return back to your regular veterinarian in the morning.

Please give us the name of your regular veterinarian or veterinary hospital: _____

I do not have another veterinarian ☐

Patient Information

Dog	Cat	Name	Breed	Color	Birth Date	Sex	Spay Neuter	DATES of LAST IMMUNIZATIONS					
								DHLP-PARVO	RABIES	CORONA	BORDETELLA	LYME	HEARTWORM TEST
								FVRCP	RABIES	LEUKEMIA	LEUKEMIA TEST	FIP	OTHER

What prior illness or surgery should we know about?_____

Payment Policy

We will gladly prepare a written estimate if you desire. Professional fees are due at the time services are rendered. Please indicate your choice of payment:

Cash _____ Check_____ (CA license required_____exp_____) Visa_____ MasterCard_____ Debit Card_____

Signature_____ Date _____

----------FOR OFFICE USE----------

DATE															
DHLP-P															
Rabies															
Bordetella															
Misc. Vax															
FVRC-P															
FELV															
Rabies															
Misc. Vax															
Heartworm Test															
Dentistry															