

# **North Bay Animal Hospital**

## **New Client Information Sheet**

**Welcome to the North Bay Animal Hospital Family!**

Owner Name: \_\_\_\_\_ Spouse/Other Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**(Driver's license information needed only if writing a check for services rendered)**

### **Pet Information:**

#### **Pet #1:**

Dog  or Cat

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

D.O.B./Age: \_\_\_\_\_

Male  Neutered? Y  N

Female  Spayed? Y  N

Color/Markings: \_\_\_\_\_

#### **Pet #2:**

Dog  or Cat

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

D.O.B./Age: \_\_\_\_\_

Male  Neutered? Y  N

Female  Spayed? Y  N

Color/Markings: \_\_\_\_\_

#### **Pet #3:**

Dog  or Cat

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

D.O.B./Age: \_\_\_\_\_

Male  Neutered? Y  N

Female  Spayed? Y  N

Color/Markings: \_\_\_\_\_

### **Records for previous vaccination and medical history may be obtained at:**

Clinic Name/State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of last vaccinations (if known): \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_

### **Media Release:**

Yes, I give North Bay Animal Hospital permission to share my pet(s)' photos on media (email, Facebook and other forms of media)

No, I do not give permission to North Bay Animal Hospital to share my pet(s) photos.

**Our mission at North Bay Animal Hospital is to provide you and your pet(s) with great care and compassion. We look forward to tending to your pet's needs today and in the future.**

***Payment is required at the time of treatment. For your convenience, we accept cash, checks, Visa, Mastercard, Discover and American Express. Thank you for choosing North Bay Animal Hospital for your pet health needs.***

Signature: \_\_\_\_\_

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

**Please print this page, sign above and bring it in with you during your visit. Thank you.**