



# Welcome

Thank you for giving us the opportunity to care for your pet! We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill out this form as thoroughly as possible. Thank you!

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## Client Information

Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_  
Spouse/Co-Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Additional Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
How did you find us? Location  Google  Facebook  Yelp  Client Referral   
Whom may we thank for referring you? \_\_\_\_\_

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## Pet Information

Name: \_\_\_\_\_ Cat  Dog  Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age/Birthdate: \_\_\_\_\_ Gender: Male  Female  Neutered/Spayed: Yes  No

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## Additional Pets

Name: \_\_\_\_\_ Cat  Dog  Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age/Birthdate: \_\_\_\_\_ Gender: Male  Female  Neutered/Spayed: Yes  No

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## Authorization

**I hereby authorize Nordhoff Veterinary Hospital to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that charges will be paid at the time of dismissal and that a deposit may be required for surgical treatment or hospitalization.**

**Signature of Owner:** \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or  
Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_