



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!

Client Information

Name of Owner: _____ Birthdate: _____
Spouse/Co-Owner: _____ Birthdate: _____
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? _____

Pet Information

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

Additional Pets

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

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: _____