

**CLIENT INFORMATION**

PLEASE PRINT: MR: \_\_\_\_\_ MRS. \_\_\_\_\_ MS. \_\_\_\_\_  
OWNERS LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_  
SPOUSE'S LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
WORK: \_\_\_\_\_ EMERGENCY: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**PET INFORMATION**

PET'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_  
DOG: \_\_\_\_\_ CAT: \_\_\_\_\_ OTHER \_\_\_\_\_  
MALE: \_\_\_\_\_ NEUTERED: \_\_\_\_\_  
FEMALE: \_\_\_\_\_ SPAYED: \_\_\_\_\_  
COLOR: \_\_\_\_\_ D.O.B/AGE: \_\_\_\_\_  
PLEASE LIST ALL MEDICATIONS YOUR PET IS ON: \_\_\_\_\_  
\_\_\_\_\_  
IS YOUR PET CURRENT ON ALL VACCINATIONS: \_\_\_\_\_

**METHOD OF PAYMENT** *(Please circle one)*

CASH                      CHECK                      CREDIT CARD                      CHECK CARD

**CHECK WRITING INFORMATION:** *(This section must be filled out if writing a check.)*

DRIVERS LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_  
OWNERS D.O.B: \_\_\_\_\_

**VETERINARIAN INFORMATION**

NAME OF YOUR VETERINARIAN & FACILITY \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR HOSPITAL?**

VET REFERRAL \_\_\_\_\_ YELLOW PAGES \_\_\_\_\_ INTERNET SEARCH \_\_\_\_\_ FRIEND \_\_\_\_\_ OTHER *(please list)* \_\_\_\_\_

**I hereby irrevocably consent to the use of any images of my pet, taken by NorthStar Vets, in any and all marketing materials.**  
*(Please Initial)* Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize the treatment of my pet by the team at NorthStar VETS and I understand that I am responsible for the payment of services when rendered.

 **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***If you have any x-rays or records from your local veterinarian, please give to the receptionist upon arrival. Thank You!***