

Owner: Mr. Mrs. Ms. First Name: _____ Last Name: _____
 Co-Owner: First Name: _____ Last Name: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: () _____ Alternate Phone: () _____ Work Phone: () _____
 Email (For Hospital Communication Only): _____

WE DO NOT SELL, COMMUNICATE, OR DIVULGE CLIENT INFORMATION TO ANY MAILING LISTS!

PET INFORMATION:

Pet's Name: _____ Breed: _____
 Dog Cat Other: _____
 Male (Is He Neutered?) Yes No • Female (Is She Spayed?) Yes No
 Color(s): _____ Age of Pet: _____ Date of Birth: _____
 List all of pet's current medications: _____

 Is your pet current with all vaccinations? Yes No • Is your pet anxious/afraid at the vet? Yes No

ACCEPTED FORMS OF PAYMENT:

Cash  Check  Credit/Debit Card  Wells Fargo  Care Credit 
 Driver's License #: _____ D.O.B.: _____ State: _____

YOUR FAMILY VETERINARIAN INFORMATION:

Vet's Name: _____ Hospital: _____ Phone: () _____
 How did you hear about NorthStar VETS®? Vet Referral Online Search Family/Friend Other

I hereby irrevocably consent to the use of any photographic images in any and all marketing materials for NorthStar VETS®, authorized by NorthStar VETS®. Yes (Please Initial) _____ No (Please Initial) _____

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

(Signature) _____ (Date) _____

2/2022

Please submit any X-rays and/or records from your local veterinarian to our receptionist upon your arrival.