

## Northtowns Veterinary Emergency

Owner's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Regular Veterinary Hospital \_\_\_\_\_

Have you ever been to Northtowns Veterinary Emergency before: **YES / NO**

### **Authorization:**

**Payment is due at time services are rendered.** We will gladly prepare a written estimate for services if you desire. We accept Visa, Mastercard, Discover, Cash, Care Credit (proper identification may be required). I realize that I am financially responsible for payment of care for my pet(s). I further agree that in case of nonpayment, a finance charge of 1.5% per month (18% annum) plus collection fees of 33-40% and attorney fees will be added and paid by me.

**I have read and agree to all of the above.**

**X** \_\_\_\_\_



### **Please fill out the following information about your pet:**

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex: **Male / Female**

Spayed/ Neutered: **Yes / No** Color \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Is your pet up to date on their Rabies vaccination? **Yes / No / Unsure**

Do you have Pet Insurance? **Yes / No** If so, please name \_\_\_\_\_

Is your pet on any medications? **Yes / No** If so, please list \_\_\_\_\_

**For Office Use Only** Dr: \_\_\_\_\_

Weight \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

ROOM: