

Welcome to Northwoods Veterinary Clinic!

Client/Patient Information Form



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|---------------------------|------------------------|
| <i>Client Information</i> | <i>Account #</i> _____ |
|---------------------------|------------------------|

Your Name _____ Significant Other _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Emergency Phone _____

Driver's License Number for Check Writing _____

Email _____

*We can send check-up and vaccine reminders via email. Your personal information is protected!

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|------------------------|
| <i>Pet Information</i> |
|------------------------|

Pet's Name _____ Age/DOB _____

Dog Cat Other Male Female Neutered Spayed

Breed _____ Microchip Number _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is this pet on medications or special diet? _____

| |
|------------------------------------|
| Office Use Only Vaccine History |
|------------------------------------|

Pet's Name _____ Age/DOB _____

Dog Cat Other Male Female Neutered Spayed

Breed _____ Microchip Number _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is this pet on medications or special diet? _____

| |
|------------------------------------|
| Office Use Only Vaccine History |
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We will be glad to provide you with a written estimate. Please let our receptionists or technicians know.

All payments are due at the time services are rendered.

Please make sure to read and sign the back of this form also.

I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____