

North Channel Animal Hospital

New Client Form

Welcome! Thank you for giving us the opportunity to care for your pet! To help us become better acquainted, please complete the following:

Date: _____

Your Name: _____ Spouse's Name _____

Address: _____ City, State: _____ Zip: _____

Preferred Phone: _____ Cell _____

Home: _____ Other: _____

DL# _____ State: _____

EMAIL ADDRESS (We send discounts and coupons!):

We have a Referral Program called PetPals. If you were referred by one of our clients, they get a

\$25 credit on their account, AND You get a \$25 credit towards today's visit!!

Were you referred by one of our clients? If so, who may we thank? _____

If not, how did you hear about us? SIGN GOOGLE FACEBOOK FRIEND/FAMILY
STAFF MEMBER _____ LOCAL VET _____ OTHER _____

North Shore High School Sports _____

Please tell us about your pet(s):

DOG CAT OTHER: _____ Male / Neutered Female / Spayed

Name: _____ Age: _____

Color: _____ Breed: _____

Is your pet on Heartworm Prevention? Yes / No If so, which brand? _____

Is your pet on any other medications? (flea, tick, etc.) _____

Previous Veterinarian: _____

DOG CAT OTHER: _____ Male / Neutered Female / Spayed

Name: _____ Age: _____

Color: _____ Breed: _____

Is your pet on Heartworm Prevention? Yes / No If so, which brand? _____

Is your pet on any other medications? (flea, tick, etc.) _____

Previous Veterinarian: _____

Payment is expected at the end of every visit

Signature of owner or responsible party: _____

Date: _____