

Client Registration

Name _____ Pet Parent #2 Name _____

Mailing Address	City/State	Zip
Cell Phone	Email (for hospital use only – we do NO	OT share your email address)
Pet Parent #2 Cell Phone	Pet Parent #2 Email	
How did you hear about us?	whharbaad Faaabaak O	thor
Google/Internet Search Live in Neig	ghborhood Facebook O	ther
If you were referred by a friend, please tell us their name so we can thank them:		
Pet Registration		
Pet Name Previo	us veterinary hospital/clinic:	
Please list any previous conditions we should k	know about	
Northwood Veterinary Hospital periodically pos website, etc. May we have permission to post p	·	ts on social media and our
Financial Policy : Northwoods Veterinary Hospital requires paymelegal owner or responsible agent of the above pet(s) I certify that I responsibility for all services rendered.		
Appointment Policy: To allow ample time for all patients and sch shall always receive top priority, which is why occasional appointment on time.	9 , , , ,	, , , ,
Patient Arrival Policy: For your protection, and that of others, all rooms. All cats must be presented in an appropriate cat carrier or the safety of all animals in our care, we require that all vaccination comfortable during visits, they may be a little uneasy about new prestrain your pet. We recommend that animals be placed on a least appointments are available. A 'drop off' means you could bring you Usually we will ask you to drop off' sometime in the morning so our reserved for admitted patients.	on a leash. Boarding Pets may only be release is be up to date. Even though we make every e eople, new surroundings and other pets. This is sh or in pet carriers before entering the waiting ur pet at the time that works best for you and le	d during our regular business hours. For effort to make our patients feel is one of the reasons we ask you to room. For your convenience, drop-off wave him/her with us for a couple of hours.

Date _____

Signature _____