

New Client Form

1. Owners Information:

First Name:	Last Name:
Address:	Apt/P.O #:
City/State:	Zip Code:
Telephone Number:	Cell Number:
Email Address:	

2. Pet Information

Name:	Species: (Please Circle One) DOG or CAT	Sex: (Please Circle One) MALE or FEMALE	Is your pet Spayed/ Neutered? YES or NO
Breed:	Date of Birth:	Color:	

1. Does your pet have a microchip? **YES or NO**

If so what is the microchip number: _____

2. Was your pet rescued from a shelter or rescue group? **YES or NO**

3. Was your pet adopted from North Shore Animal League? **YES or NO**

If so what is the adoption #? _____

3. Please read and sign:

Thank you for choosing North Shore Animal League Pet Health Center as your veterinary health care provider. We are dedicated to providing the highest quality health care to all of our patients. In order to assist in an increasing number of patients, and to keep our services at affordable costs while providing the highest quality of care, we cannot extend credit. Please understand that payment is due at the time of services rendered. We may also require a deposit for major procedures. The following payment options are accepted:

***Cash or personal check with valid state license/ID. Checks are electronically processed the same day. WE DO NOT ACCEPT POST DATED CHECKS**

***Bank credit or debit card. We accept payment from all major credit cards**

By signing, I have read, understand, and agree to the above financial policy.

X _____

Please Print Full Name

X _____

DATE: _____

Signature

CSR initials: _____