

# Welcome to Market North Veterinary Hospital

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If you have any questions please ask. We look forward to working with you and your pet.

## Client Information

Your Name \_\_\_\_\_ Age: ☐ Adult ☐ Minor  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_  
Other Owners Name \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
How did you learn about our practice? \_\_\_\_\_  
Email \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_  
Role: ☐ Pet ☐ Breeding ☐ Show ☐ Livestock ☐ Working Animal  
Sex: ☐ Intact Male ☐ Intact Female ☐ Spayed Female ☐ Neutered Male ☐ Unknown  
Date of Birth / Age \_\_\_\_\_  
Species: ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_  
Breed \_\_\_\_\_  
Color \_\_\_\_\_  
Where did you get your pet? ☐ Found ☐ Breeder ☐ Humane Society ☐ Pet Store  
When did you get your pet? \_\_\_\_\_  
Previous Veterinarian \_\_\_\_\_  
Reason for Visit \_\_\_\_\_

## Payment and Treatment Policy

All fees are due at the time services are rendered. We accept all major credit cards including CareCredit. In cases of extensive medical procedures where full payment may be difficult; a payment arrangement can be made if approved prior to treatment. We will gladly prepare a written estimate if desired (please ask our doctor or receptionist). There will be a service charge for any check returned unpaid. To prevent infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet:

X \_\_\_\_\_ Date \_\_\_\_\_