



**New Client Registration**

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/Significant Other: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Alternate #'s: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ In case of Emergency call: \_\_\_\_\_

Employers Name & Location: \_\_\_\_\_

Spouse's Employer & Location: \_\_\_\_\_

*Help us go green! Provide us with your email address so we may send you important information and updates about your pet via email.* \_\_\_\_\_

*Please tell us how you heard about us. We would love to thank the person who referred you!*

Drove by/Sign      Internet Search      Yellow Pages      Friend \_\_\_\_\_



**Patient Information:**

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Animal: DOG      CAT      OTHER \_\_\_\_\_

Sex: MALE      Neutered      FEMALE      Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Animal: DOG      CAT      OTHER \_\_\_\_\_

Sex: MALE      Neutered      FEMALE      Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Animal: DOG      CAT      OTHER \_\_\_\_\_

Sex: MALE      Neutered      FEMALE      Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Additional Information: \_\_\_\_\_

*"Providing the Quality Care Your Pet Deserves"*

OVER ⇒ ⇒ ⇒

## Payment Options

The goal of the Northern Animal Clinic team is to provide our clients with the finest veterinary care and services available. The needs of our clients have changed significantly over the past few years; therefore in an attempt to better meet our clients' needs we have the following payment options available.

- CASH: at the time of services or prepay on your account
  - CREDIT CARD: Visa or MasterCard
  - CARE CREDIT: A credit card specifically for veterinary services
  - CHECKS: at the time of service
    - ◆ NOTE: A \$30.00 service fee will be charged for any returned check.
- 1) All euthanasia fees will be invoiced at the time of service or within 1 week of service. Payment is due within 30 days.
  - 2) Day admissions and hospitalized patients will require an initial payment of half the estimated amount given at the time of admission.
  - 3) If payment is not received within 30 days, your account will be considered past due. A billing charge of 1.5% or \$3.50 minimum is applied to all balances on the first of each month. When an account is 30 days past due, services will be suspended until your account is again at a zero balance.
  - 4) When an account is 90 days past due and none of the above payment options have been made with our collections personnel, the account will be turned over to a collection agency or our legal counsel.
  - 5) Once an account is turned over to our legal counsel all legal fees will be added to the outstanding balance. These fees will be due and payable by the undersigned responsible party. (*initial here: \_\_\_\_\_*)
  - 6) All terms of our revised payment policy are effective April 1, 2008

By signing below, you acknowledge that you (the client) have read and understand NAC's payment options and agree to these options. You will also be responsible for any billing charges or fees associated with collecting payment for services rendered.

I hereby authorize Northern Animal Clinic's veterinarians and health care team to examine, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalized patient treatments.

I give NAC permission to use information about my pet(s) on their website. For your protection, last names will not be published or used in any manner. Patient and Client information being used on the NAC website will be strictly confidential and will NOT be distributed to third parties. Only NAC will have access to my information.

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**Client Signature/Responsible Party**

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**Date**