



## New Client Registration

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

Owner Name: \_\_\_\_\_

Spouse/Significant other/Relative: \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Alternate numbers: \_\_\_\_\_

Employer name and location: \_\_\_\_\_

Spouse Cell phone: \_\_\_\_\_ Spouse Work phone: \_\_\_\_\_

Spouse Employer name and location: \_\_\_\_\_

Email address (for important information and updates for your pet): \_\_\_\_\_

In case of Emergency, call (name and phone not already listed): \_\_\_\_\_

*(The following information is required for the sale and dispensing of controlled substances for your pet.)*

Owner Driver's license: \_\_\_\_\_ Owner Date of Birth: \_\_\_\_\_

*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 staff at Northern Animal Clinic 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. **All payment is due at the time of service.**

- CASH: at the time of services or prepay on your account
- CREDIT CARD: Visa, MasterCard, or Discover
- CARE CREDIT: A credit card specifically for veterinary services
- CHECKS: at the time of service
  - ◆ NOTE: A \$25.00 service fee will be charged for any returned check.

- 1) Day admissions and hospitalized patients will require an initial payment of half the estimated amount given at the time of admission.
- 2) All euthanasia fees will be invoiced at the time of service or within 1 week of service. Payment is due within 30 days.
- 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.
- 4) When an account is 30 days past due, services will be suspended until your account is again at a zero balance.
- 5) 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.
- 6) 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: \_\_\_\_\_*)
- 7) Account holder will be responsible for any billing charges or fees associated with collecting payment for services rendered.
- 8) All terms of our revised payment policy are effective January 14, 2015.

By signing below, you acknowledge that you (the client) have read and understand NAC's payment options and agree to these options.

I hereby authorize Northern Animal Clinic's veterinarians and health care team to examine and/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.

---

**Client Signature/Responsible Party**

---

**Date**