



## New Client Information

**Main Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

May we contact you via email with important test results or instructions?  YES  No, I prefer phone contact

**Address:** \_\_\_\_\_  Apt.  Unit: \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ H  C  W  **2<sup>nd</sup> Phone:** \_\_\_\_\_ H  C  W

May we send texts to the primary number? Y  N

**Secondary Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relation to client:**  Spouse  Significant Other  Relative  Friend  Other

**Employer:** \_\_\_\_\_

*How did you hear about Northpointe Animal Hospital?*

Sign/Drive-by/Walk-in  Website/Online  Local Business  Rescue Group

Friend \_\_\_\_\_  Other \_\_\_\_\_

Do you have insurance for your pet(s)?  Yes  No **What Company?** \_\_\_\_\_

### Patient Information

**Name:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_

**Species:**  Dog  Cat **Breed:** \_\_\_\_\_

**Gender:**  Female  Male **Color/Markings:** \_\_\_\_\_

**Spay/Neuter:**  Yes  No **Allergies:**  Yes  No **To what?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_

**Species:**  Dog  Cat **Breed:** \_\_\_\_\_

**Gender:**  Female  Male **Color/Markings:** \_\_\_\_\_

**Spay/Neuter:**  Yes  No **Allergies:**  Yes  No **To what?** \_\_\_\_\_

**By signing below I understand that full payment is due at the time of service.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For your convenience, we accept all major credit cards and cash as payment. **We do not accept checks.**

Payment plans through Care Credit and Scratch Pay are available for those who qualify.

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