



Northwest Rankin
Animal Clinic

CLIENT REGISTRATION

Welcome to our clinic ...
Where your pets become a part of our family too!

Northwest Rankin Animal Clinic
620 Grants Ferry Road
Flowood, Mississippi 39232
Telephone: (601) 992-4667
Fax: (601) 992-5025

northwest@nvanet.com
http://www.nwrvet.com

PLEASE PRINT

YOUR INFORMATION

Today's Date: _____

Name (Last, First) _____ Spouse: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: **Home:** _____ **Cell:** _____ **Other:** _____

E-Mail Address: _____

EMPLOYER: _____ Phone: _____

Address: _____

Driver's License #: _____ State: _____ Emergency Contact: _____

Whom may we thank for recommending our practice to you today: _____

Name of Your Previous Veterinarian and/or Facility: _____

Address and/or Phone No. (If known): _____

PET INFORMATION

PET'S NAME: _____ BREED: _____

Dog **Cat** **Male** **Female** **Neutered/Spayed:** Yes No

COLOR: _____ DATE OF BIRTH: _____

BRAND OF FOOD: _____ TREATS?: Yes No TABLE FOOD: Yes No

VACCINATION HISTORY (date & Type of last known vaccinations): _____

Does your pet have any history of previous:
allergy reaction, vaccine reaction, or drug reaction, etc?: Yes No Explain: _____

Is your pet micro-chipped? Yes No Micro-chip number: _____

Method of Payment? Cash Check Credit Card

CONSENT AND AUTHORIZATION

I hereby represent that I am over the age of 18 and authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid when the services are rendered and that a deposit may be required for treatment. **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

In the case of non-payment, I hereby agree to pay an additional fee 1.5% per month of the outstanding balance on the account together with any collection costs, plus 25% attorney fees, incurred to affect collection of this account. In the case of a returned check, I acknowledge that there will be a fee of \$40 imposed by and payable to Northwest Rankin Animal Clinic.



Signature of owner or authorized agent

Date