

Northgate Animal Hospital

Tracy Gullett, DVM

Owner _____ Spouse _____

Address _____

Street City St Zip

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Email Address _____

Whom may we thank for referring you to our practice? _____

Please tell us how you will be paying? _____ (cash, credit/debit, care credit) **NO CHECKS**

Pet Information

Pet's Name _____ Date of Birth/age _____

Breed _____

Color _____ Sex _____ Spayed / Neutered (please circle)

Pet's Name _____ Date of Birth/age _____

Breed _____

Color _____ Sex _____ Spayed / Neutered (please circle)

We require the following vaccinations for our grooming and boarding facilities

Dogs

Cats

Distemper, Parvo, Corona

Distemper, Calicivirus, Rhinotracheitis, Chlamydia

Rabies (for dogs over 3 months)

Rabies (for cats over 3 months)

Bordetella (kennel cough)

PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED

I, the undersigned, agree that all of the above information is true. I hereby agree that I will be responsible for all of the services performed whether I am or are not the owner of the animal(s) to be treated. Credit may be given only in severe cases of emergency and any resulting bill will have a monthly service charge of 2.0% (minimum of \$3.00). I agree that if this account is placed into the hands of an agency or attorney for collection, I will pay all costs of the collection, litigation, and attorney fees. I realize and understand that Northgate is not responsible for any accidental illness or injury incurred by my pet while staying or visiting at Northgate.

Signature _____

Date _____

Spouse Signature _____

Date _____