



New Client Form

Owner's First Name: _____ Last _____

Additional names on account: First _____ Last _____

Address: _____ City _____ State _____ Zipcode _____

Phone: Primary # _____ Secondary # _____ Email _____

Best way to contact me is by: Phone or Email

The following person is authorized to make medical and financial decision on my behalf: _____

Contact Number: _____

PET INFORMATION

Pet's Name _____ Date of Birth _____ Estimated Age _____

Canine Feline Male Female Spayed or Neutered

Breed _____ Color: _____ Markings _____

Previous Veterinary care was at _____ Phone _____

This pet has a microchip? Yes No Unsure

This pet is currently on monthly heartworm prevention? Yes No Unsure

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I give authorization to North Wake Animal Hospital to treat my pet(s). If North Wake Animal Hospital is unable to reach me, the doctor will proceed in the manner felt to be your pet's best interest.

Signature of owner: _____ **Date** _____

ADMINISTRATION USE ONLY

NWAH Staff _____ Date of input _____