

**WELCOME TO NORTHGATE ANIMAL CLINIC
DR. RICHARD B. CLARK**

Here at Northgate Animal Clinic, our staff strives to provide you and your pet with the most complete pet care possible. Our services include wellness examinations, vaccinations, geriatric exams, dentistry, surgery, individualized prescription diets, climate controlled boarding and drop off day admissions for your convenience. Please ask any of our staff members regarding any of these services. The following information is designed to allow our staff with assisting you and your family members in all aspects of animal health care. Our facility is dedicated to small companion animals as well as several exotic species.

In order to improve efficiency and to reduce excessive paper waste, we would like to offer you the opportunity to participate in our "reminders by email" program. There is no cost to you. Instead of sending postcard reminders to your house address when pet healthcare services are due, a reminder of due items is sent to the email address that we have on file. Please include you email address if you would like to participate in this efficient service.

YOUR EMAIL ADDRESS _____

Payment is expected at the time services are rendered. For your convenience, our office accepts cash, checks, visa, mastercard, and debit cards with the visa or m/c logo. Please feel comfortable requesting an estimate of services prior to service. Estimates are valid for 60 days. Please allow one business day for the request of prescription refills, as the nature of our business prioritizes pet emergencies. There may be a fee for the request of written prescriptions.

Related to billing, we are now able to offer another time-saving option to our clients. Our new "signature on file" program is designed to process your visa and mastercard transactions faster for you. Once signing the proper form, your card transactions are accurate and efficient.

Client privacy is very important to all staff members. Card numbers and signatures are securely kept and will never be used beyond the scope of your pet's healthcare.

CLIENT INFORMATION

Name _____
Home Address _____ City _____ St _____ Zip _____
Mailing Address _____ City _____ St _____ Zip _____
Phone(H) _____ (C) _____ (W) _____
Employer/Occupation _____
Driver's License # _____
Spouse's Name _____
Spouse's Occupation _____ Phone(W) _____
Spouse's Cell Phone _____
Are there children living in the home? _____ (question is related to zoonotic illnesses)

Who may we thank for referring you to our facility? _____

Signed _____ **Date** _____

Pet Information

Name _____ Species _____

Gender _____ Breed _____

Color _____ DOB _____

Is your pet spayed or neutered? _____

Does your pet live inside _____ outside _____ both _____

Please list any health concerns that you may have presently or in the past:

Please list any medications your pet is currently taking: _____

Does your pet have allergies? _____

Is your pet current on vaccinations? _____

What is your preference for flea control? _____

What is your preference for heartworm/parasite prevention? _____

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