

Norgate Animal Hospital
 1435 Marine Drive, North Vancouver, B.C. V7P 1T5
Ph: 604-980-2222
OWNER AND PATIENT INFORMATION SHEET



Date _____

Owner's Name: _____

Spouse's Name: _____

Address: _____ City: _____ P.C: _____

Ph: _____ E-mail: _____

Owner's Employer _____ Ph: _____

Spouse's Employer _____ Ph: _____

How did you become aware of our office?

- Yellow Pages Newspaper Drove By Referral from Internet

Others: _____

Previous Veterinarian: _____

Does your pet have any allergies? If so, please state: _____

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (cat, dog)			
Breed			
Color			
Sex			
Spay/ Neuter			
Date of Birth (approx.)			
Dates Vaccinated			
Medical Condition			

Financial Agreement and Authorization of Treatment: I authorize of the above named pet(s) and agree irrevocably, that in consideration of the services to be rendered that I hereby obligate myself to pay the account in accordance with the regular rates and terms of the provider. As required by law you are hereby notified that a negative credit report reflecting your credit may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. Should the account be referred to an attorney or collection agency for collection, the undersigned agrees to pay actual attorney's fees and collection expenses. I authorize my employer to release employment information to the provider's agents.

A DEPOSIT MAY BE REQUIRED AND FINAL BILLS ARE DUE UPON RELEASE OF THE PATIENT

NO BILLING

SIGNATURE _____ DATE: _____