



## Welcome to Northridge Veterinary Clinic and Rehabilitation

Your Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

We value your privacy! Your email address will NOT be sold or communicated to unrelated 3<sup>rd</sup> parties.

Pet's Name: \_\_\_\_\_

Microchip #: \_\_\_\_\_

Dog/Cat/Other (Please Specify): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Female Spayed

Date of Birth: \_\_\_\_\_ (Age) \_\_\_\_\_ Male Neutered

This pet is: Indoor Only/Outdoor Only/ Indoor and Outdoor

At what age was the pet acquired? \_\_\_\_\_ Obtained from: Friend Breeder Pet Store Rescue

Reason for acquiring this pet (check all that apply) Companion Protection Breeding Show

Previous Veterinarian(s) where past records could be obtained if necessary:

\_\_\_\_\_

Major diseases which your pet has had previously:

\_\_\_\_\_

Any allergies to medications? \_\_\_\_\_

Presently on any medications? \_\_\_\_\_ Please specify: \_\_\_\_\_

Special diet? \_\_\_\_\_ Please specify: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for and/or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. Please note the individual(s) listed here will have the same financial liability and authority to authorize services and care up to and including euthanasia.

**Owner or Responsible Party:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Thank you for selecting us!**