

NORWALK VETERINARY MEDICAL CENTER

705 US Highway 20 East • Norwalk, Ohio 44857

NEW CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. Please complete the following: PLEASE PRINT.

Today's Date _____

(Mr.) (Mrs.) Owner(s) _____ Spouse _____
(Dr.) (Ms.) Last First Initial Last First Initial

Address _____
Street City State County Zip Code

Residence Phone _____ Work Phone _____ Cell Phone _____

Spouse's Work Phone _____ Spouse's Cell Phone _____ Email _____

(Which is the best number to reach you? _____)

(Important in order to receive reminders, alerts and discounts from us)

If necessary, may we call you at work? Yes No

Place of Employment _____ Address _____

Spouse's Place of Employment _____ Address _____

Driver's License No. _____ State _____ Spouse Driver's License No. _____ State _____

FRIEND OR RELATIVE WE MAY CONTACT IN CASE OF EMERGENCY

Name Address Phone Relationship

Why did you choose the Norwalk Veterinary Medical Center?

Yellow Pages (Norwalk____ or Firelands Directory____) Sign Website Other _____

Personal Recommendation – who may we thank? _____
Name Phone

Authorization to release information: If your pet is lost or stolen and has identification tracing it to our hospital we are authorized to release your name, address and phone number to the caller: Yes No Initial **X** _____

Has this pet been to a veterinarian before? Yes No Date of last visit _____

If so, is there a reason for changing? _____

Signature of owner **X** _____

Signature of person presenting this pet for treatment if other than owner:

X _____ Relationship _____

Address of authorized agent _____ Phone _____

PLEASE COMPLETE OTHER SIDE

Pet's Name _____ Age _____ Please Circle: Dog Cat Other _____ Male Female
 Spayed/Neutered Breed _____ Color _____ This pet was obtained from: Breeder Pet Shop Neighbor
 Cats ___ Names/ages/breed/sex _____
 Dogs ___ Names/ages/breed/sex _____
 Do you have pet insurance? Yes No

Medical History

Do you have a record of your pet's medical history? Yes No
 List Health Problems _____
 List surgeries _____
 List any known allergies or reactions to medications: _____
 Is your pet currently taking any medications? Yes No If so, what kind? _____
 Do you have trouble giving medication to your pet? Please explain. _____

Does your pet display any aggression? Yes No Please let us know before the examination.

Payment Policy

Full payment is required upon rendering of services. Prepayment is required on major medical / surgical cases, trauma cases, and emergency work.

Please indicate how you will be paying today: Cash Check Credit Card Care Credit

To prevent the spread of infectious disease and parasites, hospitalized and boarded animals must be current on all vaccinations and be free of internal and external parasites. The Norwalk Veterinary Medical Center will administer vaccines and parasite control when needed.

I agree to pay in full for services rendered and understand that any balance remaining after 30 days is subject to 2 percent per month (24% per year) interest charge and a \$3.00 monthly billing charge. 50¢ is the minimum finance charge applied. There is a \$30.00 charge on all returned checks.

I agree to pay any costs and charges necessary for the collection of any amount not paid when due.

I have read and agree to the above conditions.

Signature of owner or authorized representative.

X _____
 Signature Date

We are proud to be the Huron County's only accredited veterinary facility.

The American Animal Hospital Association (AAHA) is the only organization that accredits animal hospitals throughout the U.S. and Canada. Less than 15% of veterinary hospitals in the United States can meet their rigorous standards. AAHA-accredited hospitals voluntarily choose to be evaluated on 900 quality standards that encompass all aspects of pet care—from patient care and pain management to team training and medical record keeping.



Thank you for bringing your pet to the Norwalk Veterinary Medical Center!