

## New Client Form

### 1. Owner's Information:

First Name:	Last Name:
Address:	Apt/P.O #:
City/State:	Zip Code:
Home Telephone Number:	Cell Phone Number:
Email Address:	

### 2. Pet Information

Name:	Species: (Please Check One) <b>DOG    CAT</b>	Sex: (Please Check One) <b>MALE    FEMALE</b>	Is your pet Spayed/ Neutered? <b>YES    NO</b>
Breed:	Date of Birth:	Color:	

1. Does your pet have a microchip?    **YES    NO**

If so what is the microchip number: \_\_\_\_\_

2. Was your pet rescued from a shelter or rescue group?    **YES    NO    NOT SURE**

3. Was your pet adopted from North Shore Animal League America?    **YES    NO**

If so what is the adoption #? \_\_\_\_\_

4. How did you hear about us?    **Newspaper    Google Search    Website    NSALA Adoption Center**

### 3. Please read and sign:

**Thank you for choosing North Shore Animal League America's Pet Health Centers as your veterinary health care provider. We are dedicated to providing the highest quality health care to all of our patients. In order to assist in an increasing number of patients, and to keep our services at affordable costs while providing the highest quality of care, we cannot extend credit. Please understand that payment is due at the time of services rendered. We may also require a deposit for major procedures. The following payment options are accepted:**

**\*Cash or personal check with valid state license/ID. Checks are electronically processed the same day. WE DO NOT ACCEPT POST DATED CHECKS**

**\*Bank credit or debit card. We accept payment from all major credit cards**  
**By signing, I have read, understand, and agree to the above financial policy.**

X \_\_\_\_\_

**Please Print Full Name**

X \_\_\_\_\_    **DATE:** \_\_\_\_\_

**Signature**

CSR initials: _____
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