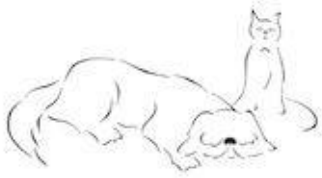


NORTH REGENT



ANIMAL CLINIC

Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by completing this form.

Date: _____

Owners Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Tel: _____ Cell: _____ Other: _____

Email: _____

How did you hear about us?: _____

PET INFORMATION:

Name: _____ (Dog / Cat) DOB: _____

Please check one: Male _____ Neutered Male _____ Female _____ Spayed Female _____ Uncertain _____

Breed: _____ Color: _____

MEDICAL HISTORY:

If you do not already have copies, is there another veterinarian we should contact to obtain them? (Yes / No)

Name: _____ Phone Number: _____

Does your pet have any health problems? _____

Is your pet currently receiving any medication (heartworm prevention or other)? Yes _____ No _____

Name of medications: _____

Professional fees are due at the time of service. We accept all major credit cards and cash only.

Terms and Agreement: The entire balance of all credit accounts is due and payable in accordance with the terms as stated on the invoice. The parties agree that all payments still owing after the due date may be assessed a service charge at the rate of one and one-half percent (1-1½%) per month or eighteen percent (18%) per annum. In addition, in the event of default where it becomes necessary to place this account in the hands of a third party for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees and court costs. To the best of my knowledge, the above information is true.

Authorized Signature: _____ Date: _____

Printed Name: _____