



3041 N Taft Avenue Loveland, CO 80538  
Phone: (970)663-0220 Fax: (970)-669-7021  
Email: northshoredvm@northshoreloveland.com

**Thank you for giving us the opportunity to care for your pet(s). To allow us to become better acquainted, please fill out the following form.**

**CLIENT INFORMATION**

Date \_\_\_\_\_

Owner First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Spouse/Other First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt. Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Spouse/Other Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Spouse/Other Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Alternate E-mail address \_\_\_\_\_

In case of your absence, is there anyone other than the above mentioned who may authorize treatment of your pet?

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

**How did you become aware of our clinic?**

Drove by \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Previous client \_\_\_\_\_ Internet Search \_\_\_\_\_  
Referral (Who may we thank?) \_\_\_\_\_

**Pet #1**

Name \_\_\_\_\_

Breed \_\_\_\_\_

Date of birth \_\_\_\_\_

Color \_\_\_\_\_

Male Female Spayed or Neutered? Yes No  
Any previous illness or surgeries?

Any allergies to vaccines or medications?

Special diets or medications?

**Pet #2**

Name \_\_\_\_\_

Breed \_\_\_\_\_

Date of birth \_\_\_\_\_

Color \_\_\_\_\_

Male Female Spayed or Neutered? Yes No  
Any previous illness or surgeries?

Any allergies to vaccines or medications?

Special diets or medications?

All fees are due at the time services are rendered.

I hereby authorize the veterinarians of NSAH to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this/these animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatments.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_