



Northgate Pet Clinic
 2800 North Martin Luther King Jr. Dr.
 Decatur, IL 62526
 Phone 217-877-4393 Fax 1-888-600-3531
 www.northgatepetclinic.com



New Client Information Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

New Account

Your name: _____ Spouse's name: _____

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

Home phone number: _____ Cell: _____ **E-Mail:** _____

***We have a program that will allow you to retrieve your pet's records online. Your e-mail is confidential and will not be released to those outside of Northgate and VinX web service.

Driver's License Number: _____ Social Security Number _____

Your employer: _____ Work Phone: _____

Spouse employer: _____ Work Phone: _____

How did you hear about us? _____

Do we have your permission to post your pets picture/story in our social media updates? Yes No

If you were referred to or prefer a specific doctor please circle that doctor's name.

Dr. Larry Baker, Dr. Becky Reardon, Dr. Jennifer Rojas, Dr. Devin Forden, Dr. Amy Wade

Pet Information

Your pet's name: _____ Your pet's birth date or age: _____

Breed of pet: _____ Color and markings: _____

Sex: Male / Female (circle one) Is your pet Neutered or Spayed? Yes / No (circle one)

Microchip #: _____ Any allergies to vaccinations or medications? _____

Pet Information

Your pet's name: _____ Your pet's birth date or age: _____

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Payment

We will gladly prepare a written estimate of service fees if you desire. All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedure where full payment may be difficult at discharge we accept all major credit cards, cash, checks and offer care credit. There will be a service charge for any returned check and a finance charge on any unpaid balance which accrues monthly. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet: _____ Date: _____ (2017)

Larry D. Baker, DVM, FAVD, Dip AVDC
 Becky Reardon, DVM, Jennifer Rojas, DVM
 Devin Forden, DVM, Amy Wade, DVM

Quality Medicine Through..... Gentle Words, Capable Hands, and Caring Hearts