



northwest  
**PET HOSPITAL**

6124 W. Cheyenne Ave.  
Las Vegas NV 89108  
702-645-7999



**Owner Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Additional Owners: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? Circle all that apply:

Google      Yelp      NextDoor      Facebook

Building/Street Sign      Animal Shelter      Pet Store

Pet Assure      United PetCare      Employee

Friend/Current Client: \_\_\_\_\_

Animal Hospital: \_\_\_\_\_

Other: \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_

Dog/Cat: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_

Male                      Female                      Not Sure

Neutered                      Spayed                      Not Sure

Previous Animal Hospital: \_\_\_\_\_

Name: \_\_\_\_\_

Dog/Cat: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_

Male                      Female                      Not Sure

Neutered                      Spayed                      Not Sure

Previous Animal Hospital: \_\_\_\_\_

**Please read and sign below:**

- \_\_\_\_\_ I understand that all fees incurred are due at the time services are rendered.
- \_\_\_\_\_ I understand that Northwest Pet Hospital does NOT offer payment arrangements
- \_\_\_\_\_ I understand that a deposit may be required of me before services are rendered
- \_\_\_\_\_ I consent to Northwest Pet Hospital staff taking pictures of my pet for educational and/or marketing purposes and consent to the use of those pictures on their website and social media
- \_\_\_\_\_ I understand that by signing this form, I am accepting FULL medical and financial responsibility for any and all pets listed under my account

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_