

# Northwood Animal Hospital

507 Eastchester Drive

High Point, NC 27262

Tel: 336-887-2606 Fax: 336-887-2608

[www.northwoodah.com](http://www.northwoodah.com)

[frontdesk@northwoodah.com](mailto:frontdesk@northwoodah.com)

**Welcome to our Practice! Thank you for giving us the opportunity to care for your pet!  
Please provide the information requested below regarding you and your pet(s).  
Once form is filled out, save it and email it to us at [frontdesk@northwoodah.com](mailto:frontdesk@northwoodah.com)**

**TODAY'S DATE:** \_\_\_\_\_ **\*Email:** \_\_\_\_\_

**\*PET OWNER'S NAME:** \_\_\_\_\_ **SPOUSE NAME:** \_\_\_\_\_

**\*ADDRESS:** \_\_\_\_\_

**\*CITY:** \_\_\_\_\_ **\*STATE:** \_\_\_\_\_ **\*ZIP CODE:** \_\_\_\_\_

**\*HOME PHONE:** \_\_\_\_\_ **\*CELL PHONE:** \_\_\_\_\_

**\*WORK PHONE:** \_\_\_\_\_ *\*Required Field*

*PET(S) NAME	*DATE OF BIRTH	*SPECIES	*BREED/COLOR	*SEX/NEUTERED/SPAYED
_____	___/___/___	_____	_____	_____
_____	___/___/___	_____	_____	_____
_____	___/___/___	_____	_____	_____

**LAST VETERINARIAN SEEN?** \_\_\_\_\_

**DO WE NEED TO BE EXTRA CAREFUL WITH YOUR PET?** (Circle one) YES NO

**DOES YOUR PET LIKE OTHER PETS?** (Circle one) YES NO

**HOW DID YOU HEAR ABOUT OUR CLINIC?** (Choose one) \*NAH Website \*Google \*YP

\*Church Bulletin \*Mailer Coupon \*Magazine \*Drove by \*Advertisement

**Referred by:** \_\_\_\_\_

**ALL FEES ARE DUE IN FULL AT THE TIME SERVICES ARE RENDERED.** We accept CASH, PERSONAL CHECKS, MOST MAJOR CREDIT CARDS, and CARE CREDIT. There will be a \$35 service charge for all return checks. Accounts 60 days past due will be turned over to collections. An additional fee of up to 40% of the balance due or \$100 whichever is greater will be added to total owed. Any outstanding balance past 30 days will receive a billing/finance charge. Initial below to state that you have read and understood the message above. INITIAL HERE: \_\_\_\_\_

**PET OWNER SIGNATURE:** \_\_\_\_\_

## Payment Policy

At Northwood Animal Hospital our goal is to provide our clients with the best care for their pets in the area. We are happy to provide cost estimates for all of our services. During treatment unforeseen circumstances may arise which may alter the original estimate. We do our best to keep clients informed of additional costs as they are incurred.

### Our Payment options are as follows:

- CASH
- VISA
- MASTERCARD
- DISCOVER
- AMERICAN EXPRESS
- PERSONAL CHECKS: A valid Driver's License or ID, phone number and email address will be required.
- CARE CREDIT

### Care Credit

Care Credit gives you the flexibility to make payments towards your pet's healthcare bills. Please visit [www.carecredit.com](http://www.carecredit.com) or ask one of our representatives for more details or to apply for Care Credit. *Please note this is not an in-house bill system provided by Northwood Animal Hospital, instead this is a third party company that is subject to credit approval.*

**ALL FEES MUST BE PAID IN FULL AT THE TIME OF SERVICE OR UPON DISCHARGE OF YOUR PET. AN INITIAL DEPOSIT MAY BE REQUIRED FOR SURGICAL PROCEDURES AND HOSPITALIZED CASES.**

- ✓ By signing the following you have read and agreed to our Payment Policy and have asked any questions regarding charges for today's visit if any. If you have any further questions, please let our staff know.

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Signature

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Date