

Northwood Animal Hospital

1881-B N. Martin Luther King Jr. Blvd.

Tallahassee, FL 32303

(850) 385-8181 Fax: (850) 385-2491

Outpatient Form

Pet Owner's Name: _____ Pet's Name: _____

Phone number(s) at which to reach you today: _____ or _____

Expected time of pick-up: _____ (latest pickup 6:00 pm unless other arrangements made)

Has this pet seen us before? Yes No (If no, please fill out a Client Registration Form)

Has your **address, phone number, or email** changed since the last time you were here? Yes No

If yes, please list any changes: _____

Do you have a doctor preference? (Circle all that apply) *Please be aware that not all doctors work every day*

No Preference

Dr. Brown

Dr. Brumfield

Dr. Cavell

Dr. Schwerzel

Dr. J. Smith

Dr. A Smith

Would you prefer to:

- Have the doctor call you during the day to discuss your pet's examination
- Talk to the Doctor when you come to pick up your pet (there may be a wait depending on our appointment schedule)

Please tell us what your pet is coming in for today. Describe the problem(s) your pet is having, pertinent history leading up to condition, and any previous major medical problems:

Is your pet sensitive or allergic to any medications or foods? Yes No Don't Know

If yes, please list:

Please select one of the following options:

- After examination, please perform all recommended test/treatments and discuss them with me at checkout.
- After examination, please call me with an estimate of cost for recommended test or treatments. Please do not perform any additional services without my consent.

Would you like any "extras" to pamper your pet today? (Additional fees apply for these services)

- Bath
- Medicated Bath
- Nail trim
- Anal Gland Expressed
- FURminator Brush Out
- Ear Cleaning/Plucking

Payment is due when services are rendered.

For your convenience, we accept Cash, Check, MasterCard, Visa, Discover, AmEx and Care Credit.

AN OUTPATIENT FEE OF \$4.25 WILL BE ASSESSED IN ADDITION TO THE REGULAR EXAMINATION AND TREATMENT FEES.

Signature: _____ Date: _____