

Neurologist:

**Dr. Hopkins
Dr. Meeks
Dr. Rushing**

Date:

CLIENT & PATIENT REGISTRATION

CLIENT		
Name:	Co-Owner:	
Address:		
City:	State:	Zip:
Telephone: Home ()	Cell ()	
Work ()	Additional Phone #:	
Email Address:		

PET		
Name:		
Age:		
Sex:	Spayed ()	Neutered ()
Breed:	Color:	
Are Vaccinations up to date?	<i>Date (if you have this information):</i>	
Date of Last Heartworm Test:	Negative ()	Positive ()
Heartworm Preventive:		
Any known drug reactions?:		

How did you hear about North Florida Neurology?
<input type="checkbox"/> Referring Veterinarian <input type="checkbox"/> Telephone Book <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Internet <input type="checkbox"/> Radio/TV <input type="checkbox"/> Other
Did you log on to our website (www.nfneurology.com) prior to your visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we post pictures of your pet (with only their name) on our Facebook page or website? <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY VETERINARIAN		
Veterinarian Name:		
Clinic:		
Address:		
City:	State:	Zip:
Telephone: Office:	Fax:	
Email Address:		

Payment Options: CASH, CHECK (checks are processed electronically), VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS

We also offer **Care Credit**. This may allow you to finance 100% of your pet's care. You can apply in our clinic, at home, online or by phone. Please speak with any staff member if you have questions or would like to apply.