

# Napoleon Veterinary Clinic, Inc.

645 American Road ♦ Napoleon, OH 43545

Web: [www.napoleonvet.com](http://www.napoleonvet.com) Phone: (419)592-6876 Email: [email@napoleonvet.com](mailto:email@napoleonvet.com)

Terri Fedderke, D.V.M. Kate Colliflower, D.V.M. Sara Weaver, D.V.M. Lauren Bates, D.V.M.

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## Welcome to our practice!

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

Please check to verify you are 18 yrs. of age or older

Pet Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Co-owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

## Contact Information

Primary Phone: \_\_\_\_\_ Text: Yes  No

**\*This is the number we will call/text first when trying to contact you.**

Other Contact Phone: \_\_\_\_\_ Text: Yes  No

Emergency Contact- name & phone: \_\_\_\_\_

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

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How did you hear about Napoleon Veterinary Clinic?

Personal Recommendation- Who may we thank? \_\_\_\_\_

Other Vet  Drive By/Signage  Website

Internet Search  Humane Society  Other, please specify

**(Please complete additional information on the following page)**

# Getting to know your pet(s)

Please tell us about all your pets, even if they are not being seen today.

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

Breed: \_\_\_\_\_ Date of Birth (Or Approximate Age): \_\_\_\_\_

Color: \_\_\_\_\_ Sex:  M  F Spayed/Neutered:  Yes  No

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

Breed: \_\_\_\_\_ Date of Birth (Or Approximate Age): \_\_\_\_\_

Color: \_\_\_\_\_ Sex:  M  F Spayed/Neutered:  Yes  No

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

Breed: \_\_\_\_\_ Date of Birth (Or Approximate Age): \_\_\_\_\_

Color: \_\_\_\_\_ Sex:  M  F Spayed/Neutered:  Yes  No

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

Breed: \_\_\_\_\_ Date of Birth (Or Approximate Age): \_\_\_\_\_

Color: \_\_\_\_\_ Sex:  M  F Spayed/Neutered:  Yes  No

Napoleon Veterinary Clinic has my permission to use video/photography of me, my pet(s) and/or my children for any and all media purposes. \_\_\_\_\_yes

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

**Professional fees are due at the time services are provided.** We offer Care Credit services to those wishing to apply. Please let us know if you would like an application. We accept cash, personal checks and the following credit cards for your convenience: Visa, Mastercard, & Discover Card.

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Date

