

New Client/Pet Information Form

Client (Owner) Information:

First Name: _____ Last Name: _____

Street Address: _____ Apt # _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work: _____ Cell: _____

Please circle the above number where we can reach you most readily especially between 9 am and 7 pm.

Email: _____

*We do not market any products by email. We may send reminders or important info related to the health of your pet.

Second Contact:

First Name: _____ Last Name: _____

Emergency Contact Number: _____ Relationship _____

Patient Information

Name: _____ Date of Birth/Age: _____

Species: Canine Feline Other Breed: Sex: Male Female / Neutered Spayed

Patient Colour & Markings: _____

Does your pet have a microchip? YES NO Do you know the number: _____

Does your pet have any recurring or other significant medical history? YES NO

Is your pet on any medication? YES NO

Do you have Pet Health Insurance? YES NO

Do you anticipate any foreign travel with your pet? YES NO

Would you like us to obtain files from your previous vet? YES NO

If so please provide the name of clinic. _____

Other:

How did you hear of us? Yellow Pages Drove By Internet Referral (by who?)

FINANCIAL POLICY SUMMARY:

Payment is due in full at the time that services are performed. We cannot release hospitalized pets from the hospital or dispense medication until the final bill for hospitalization or the current visit has been paid. We accept CASH, VISA, MASTERCARD, and AMEX as methods of payment. We do not extend credits. Any open invoices will be sent to collection after 60 days.

I have read, understood, and agree to the Financial Policy. _____

SIGNATURE