

## 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 9AM and 7PM**

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

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

### **Second Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### Patient Information

Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Species: (Circle) CANINE FELINE Breed: \_\_\_\_\_

Sex: (Circle) 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 plan on any foreign travel with your pet? YES NO

Would you like us to obtain files from your previous vet? If so please provide the name of the clinic.

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### **OTHER:**

How did you hear about us? Internet Drove By Live Nearby Referral (by who?) Other

### **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 payments. We do not extend credits. Any open invoices will be sent to collection after 60 days.

**I have read, understand, and agree to the Financial Policy.** \_\_\_\_\_

SIGNATURE

