Welcome to our Clinic
We are glad to have the opportunity to care for your pet.
To ensure your pet gets the best care we can offer, please fill out this form completely

Client information:

Owners Name:_____
Address:_____
City:_____ Province:_____ Postal Code:_____
Home phone: _____ Work Phone:_____
Cellular Phone: _____ E-mail: _____
Spouse or Co-Owner Name: _____¬¬____
Cellular Phone: _____ Work Phone: _____
Emergency Contact Name:_____ Phone:_____
Referred by: _____
Number of pets in House (please specify type)_____

Pet Health History:

Pets Name: _____ Age / Birth date: _____
Species: _____ Breed:_____ Color: _____
Sex: M F Neutered / Spayed: Y N Date: _____/_____/_____
Current Medications your pet is taking: _____
Vaccination History:
Distemper Date: ____/_____/____ Parvovirus Date:____/_____/____ Rabies Date___/___/____
Primary Reason for Visit:_____
Prior Surgeries: _____
Prior Illnesses: _____

Medical Records Transfer:
Name of hospital that records can be transferred from (if applicable)
_____

Authorization:
I hereby authorize the veterinarian to examine, prescribe for, or treat the above, described pet. I am over 18 years of age, and assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered. I also understand and agree that only persons mentioned on this form can be contacted with any information that pertains to my pet.

Signature:_____ Date:
_____/_____/_____

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.