

## New Client Information Form

Date \_\_\_\_\_

### Owner Information

Mr / Ms / Mrs / Dr (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

(Contact Name at Work #) \_\_\_\_\_ *If home number is unlisted, please note*

e-mail address: \_\_\_\_\_ Do you wish to receive newsletters / reminders by e-mail or regular mail? \_\_\_\_\_

**Name of co-owner if applicable** \_\_\_\_\_

**I acknowledge that, in order to keep the costs of professional services to a minimum, all fees will be paid in full at the time of services or release of my pet from the hospital. All hospitalized animals will require a 50% deposit upon admission, and the balance upon discharge. My usual method of payment will be:**

Cash \_\_\_\_\_ M/C \_\_\_\_\_ Visa \_\_\_\_\_ Amex \_\_\_\_\_ Debit \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Do you qualify for a senior citizen discount? If yes, Gold Card # \_\_\_\_\_

Have you been to this hospital in the past? Yes / No How long ago? \_\_\_\_\_

How did you hear about our hospital? person, yellow pages, sign, other: \_\_\_\_\_

If you were referred, please give the full name & address of person or clinic:

Name \_\_\_\_\_ Address \_\_\_\_\_

### Pet Information\*

Name \_\_\_\_\_ Species: Dog / Cat / Other: \_\_\_\_\_

Breed \_\_\_\_\_ Purebred: Yes / No

Sex: Male / Female Spayed/Neutered: Yes / No Color \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Comments(eg.nervous, bites, likes male/female vet...):

Any major medical problems past or present? \_\_\_\_\_

Is your pet currently on medication? \_\_\_\_\_

Known drug allergies? \_\_\_\_\_

Used or available for breeding: Yes / No Registered: Yes / No

Tattoo# \_\_\_\_\_ Microchip# \_\_\_\_\_

Is your pet inside ( ) outside ( ) or both ( )?

**Vaccination Status:** No previous vaccinations ( ) Unknown( ) Overdue( )

<b>Dog</b>						<b>Cat</b>					
Distemper/Parvo	Month	_____	Year	_____		Distemper	Month	_____	Year	_____	
Bordatella	Month	_____	Year	_____		Leukemia	Month	_____	Year	_____	
Corona Virus	Month	_____	Year	_____		Rabies	Month	_____	Year	_____	
Rabies	Month	_____	Year	_____							

*\*If you have additional pets at home, please ask for more pet information sheets.*

### **Credit Information:**

Driver's License # \_\_\_\_\_ Province \_\_\_\_\_

SIN# \_\_\_\_\_ BCID \_\_\_\_\_

Major Credit Card: M/C, Visa, Amex: \_\_\_\_\_ Exp: \_\_\_\_\_

Employer \_\_\_\_\_ Bank \_\_\_\_\_