

## **New Client Form**

## Please call 905-404-2030 to set up your pet's appointment with one of our terrific team members prior to filling out this form.

**Welcome!!** We are pleased that you have given our team the opportunity to care for your pet(s). To assist us in ensuring the best care possible, please take a moment to fill out this form completely. Thank You!!

Thank you for scheduling an appointment for your furry family member! If you haven't yet made an appointment, please call us at 905-404-2030 to schedule prior to filling out this form. We look forward to seeing you soon!

Name:	Spouse/Partner:	Children:
Address:	City:	Postal Code:
Home Phone #:		Cell Phone #:
Business/Employer:		Work Phone #:
Spouse/Partner Phone #: _		_ Email Address:
	Emergency Con	tact Information:
In	case we are not able to re	ach you, whom may we call?
Name:	Relationship:	Phone:
Address:	Whom May W	Ve Thank For Your Referral?:
	Patient In	formation:
	Patie	ent #1
Patient Name:	Date of Birth	::
Type of Pet: o Dog o C	at o Other <b>If other, pl</b>	ease specify:
Breed:	Gender: o Male	o Female <b>Neutered/Spayed:</b> o Yes o No
Colour:	Microchip: o Yes	o No Temperament:
Medical History (ie. Last ex	am/vaccinations, allergie	es, prior problems):

## Patient #2

Patient Name:	Date of Birth:		
Type of Pet: o Dog o Cat	o Other If other, please specify:		
Breed:	Gender: o Male o Female Neutered/Spayed: o Yes o No		
Colour:	_ Microchip: o Yes o No Temperament:		
Medical History (ie. Last exam/vaccinations, allergies, prior problems):			

Please Provide Your Previous Veterinarian: