

Dufferin Queen
Animal Hospital



NEW CLIENT/PATIENT FORM

Please take a moment to complete our client information form to ensure we have all the correct information about you and your pet. Please print clearly. This information is for hospital communication purposes ONLY and will not be shared externally.

Client Information (Primary Contact):

First Name: _____ Last Name: _____
Address: _____ Apt # _____ City: _____ Prov: _____ Postal Code: _____
Cellphone: _____ Home Phone: _____ Work Phone: _____
Email: _____
In case of Emergency, please call: _____ at # _____

Secondary Contact (Who also has responsibility and decision-making authority for your pet):

Name: _____ Relationship: _____ Primary Phone: _____

Patient Information:

Name: _____ Dog Cat Breed: _____ Colour: _____
Birth Date / Age: _____ Male Female Neutered/Spayed: Yes No
Microchip: Yes No Microchip Number if Known: _____
Pet Insurance: Yes No Pet Insurance Provider/Number: _____

Medical History:

Date of last vaccines: _____
Name of vaccines (if known): _____
Previous Veterinary Clinic: _____
Details of any previous medical conditions: _____
Other pets in household: Yes No

Authorization to use your pet's photo:

On occasion, Dufferin Queen Animal Hospital takes photos of our client's pets for our social media networking sites (Facebook, Instagram, Twitter). Your name will never be used; however we may like to use your pet's name.

I authorize Dufferin Queen Animal Hospital to use my pet's photo and name : Yes No Initials: _____

How did you find us?

Yellow Pages Google Facebook Hospital Sign Other: _____

This is authorization to acquire medical records for the above pet(s) on behalf of the owners. Please bring any copies of previous medical information.

Signature of client responsible for pet(s): _____ Date: _____