

# ALLANDALE VETERINARY HOSPITAL

484 Essa Road, Barrie, Ontario L4N 9E5 (705) 733-1422

## PATIENT and CLIENT INFORMATION SHEET

Thank you for giving our hospital the opportunity to care for your pet. So that we may be better able to meet your needs, please complete the following:

(PLEASE PRINT LEGIBLY IN BLACK INK)

Owner's name: \_\_\_\_\_ Spouse / other: \_\_\_\_\_

Your address: \_\_\_\_\_  
Street City Prov. Postal Code

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Spouse's work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Spouse's place of employment: \_\_\_\_\_

If necessary, may we call you at work? ( ) yes ( ) no

How did you become aware of our clinic?

( ) yellow pages ( ) hospital sign ( ) other \_\_\_\_\_

( ) personal recommendation - who may we thank? \_\_\_\_\_

### MEDICAL INFORMATION (Please fill out completely)

Has your pet been to a veterinarian before? ( ) yes ( ) no

Date of your pet's last visit to a veterinarian? \_\_\_\_\_

What is your reason for changing veterinarians? \_\_\_\_\_

What prior illnesses, surgery or drug allergies has your pet had? \_\_\_\_\_

Is your pet covered by pet insurance? ( ) Yes ( ) No

Do you consider your pet (s) ( ) part of the family ( ) just a pet

PLEASE COMPLETE THE OTHER SIDE

PET # 1

PET # 2

PET # 3

PET'S NAME			
SPECIES (DOG, CAT, OTHER)			
BREED			
DESCRIPTION (colour)			
DATE OF BIRTH			
SEX			
NEUTERED or SPAYED			
VACCINATION DATES:			
DISTEMPER / PARVO (dog)			
DISTEMPER / RHINO (cat)			
RABIES (dog and cat)			
HEARTWORM TEST (dog)			
FELINE LEUKEMIA TEST (cat)			
FELINE LEUKEMIA VACCINATION			

**PAYMENT POLICY:**

Full payment is required upon rendering of services. Deposits are required on major medical / surgical procedures, trauma cases and emergency work where hospitalization is required. We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

We do not carry open accounts. Payment must be made in CASH, DEBIT CARD (INTERAC), AMEX, VISA or MASTERCARD. If for any reason payment cannot be made today, arrangements MUST be made with receptionist PRIOR to seeing the doctor. NSF cheques will be charged a fee of \$25.00 plus interest charges of 2% per month.

To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and free of internal parasites. I authorize Allandale Veterinary Hospital to provide vaccines and parasite control when needed.

Signature of owner or authorized representative:

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Name Date