

New Patient

Patient Information

Name: _____

Species: _____ Breed: _____

Date of birth: _____ Sex: _____

Colour: _____

Are they microchipped? If so, do you know the number? _____

Are there any allergies we should be aware of? _____

List any conditions that we should be aware of: _____

Previous veterinarian/clinic if applicable: _____

We love sharing photos of our patients on Instagram, Facebook & other social media outlets. Do we have your permission to share your pet's photo?

Yes No

If your pet has their own social media accounts, please list them so we can tag them:

Do you have pet insurance? If so who with? _____

Any other information you think may be important to tell us before your appointment:

Please bring your pet's vaccination and any medical records to your first appointment or upload below.

Did someone refer you to us? If so who can we thank?

Privacy of personal information is an important principle to Companion Animal Hospital. In compliance with the federal Personal Information Protection and Electronic Documents Act (PIPEDA), we are committed to collecting, using, and disclosing personal information responsibly and only to the extent necessary for the goods and services we provide. The primary purpose for collecting personal information is to provide veterinary services.

Payment

We are happy to provide care for your animal and will review all estimated costs before proceeding with any treatment or procedure as part of our informed consent process.

I have read and understand

Payment by Debit, Mastercard, Visa, Trupanion Direct Billing, Apple Pay or Google Play, e-transfer, or visa debit, is accepted at the time of service unless otherwise pre-authorized through our Clinic Manager.

I have read and understand