

NEW CLIENT AND PATIENT INFORMATION

Thank you for giving the White Rock Veterinary Hospital the opportunity to care for your pet.
So that we may become better acquainted, please complete the following:

ABOUT YOURSELF:

Mr Mrs Mr & Mrs Ms Miss Dr

Last Name: _____

First Name: _____

Alternate Owner: _____

Primary Phone #: _____

Seconday Phone #: _____

Alternate Phone #: _____

Street Address: _____

City: _____

Province: _____ Postal Code: _____

Email Address: _____

(By giving us your email address, you consent to White Rock Veterinary Hospital contacting you by email)

Would you like to receive your pet's health reminders by email? Yes No

Whom may we thank for referring you? Friend Sign Internet Welcome Wagon Other

Referred By: _____

ABOUT YOUR PET:

Canine Feline Rabbit Other: _____

Pet's Name: _____

Date of Birth: _____

Breed: _____

Color/Markings: _____

Tattoo #: _____

Microchip #: _____

Sex: Male Neutered

Female Spayed

Pet Insurance Company: _____

Policy Number: _____

Where did you adopt/purchase your pet from? _____

What brand of food is your pet eating? Dry _____ Canned _____

Is your pet on a flea control/prevention product? Yes No Product Name: _____

Previous Veterinary Hospital: _____

Date of Last Vaccinations:

Canine:

(DA2P) Distemper, Adenovirus, Parvovirus: _____

(Bordetella) Kennel Cough: _____

Rabies: _____

Deworming: _____

Feline:

(FVRCP) Feline Viral Rhinotracheitis, Calicivirus, _____

Panleukopenia: _____

(FeLV) Feline Leukemia: _____

Rabies: _____

Deworming: _____

Restraint of Pets

Dogs: For their own safety, dogs should be on a leash when in the waiting room.

Cats: Please bring cats in a carrier, or on a secure harness and leash. They are easily frightened and may escape into our parking lot if not properly confined.

I hereby acknowledge that White Rock Veterinary Hospital does not bill, and payment is expected at the time services are rendered. We accept Cash, Debit, Visa, MasterCard and American Express. Sorry we do not accept Cheques.

Signature: _____

Date: _____