



# ANIMAL HOSPITAL

## CLIENT REGISTRATION FORM

Date \_\_\_\_\_

**CLIENT INFORMATION** *Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following information:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

In Case of Emergency please contact: \_\_\_\_\_ at # \_\_\_\_\_

Email Address: \_\_\_\_\_ # of Pets at Home: \_\_\_\_\_

Do you have Pet Insurance? Y/N

How Did You Hear About Our Hospital? Individual Referral (Someone we may thank): \_\_\_\_\_

Google Search: \_\_\_\_ Social Media: \_\_\_\_ Hospital Sign (Drove by): \_\_\_\_ Other \_\_\_\_\_

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. This policy helps control costs on which we base our fees.

### PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
PET'S NAME			
SPECIES (DOG/CAT)			
BREED			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED/NEUTERED?			
WHERE OBTAINED?			
FLEA/HEARTWORM PREVENTION			

At what hospital was your pet last vaccinated or treated: \_\_\_\_\_

Consent to use photographs and/or video of your pet(s) in publications and Social Media? Yes \_\_\_\_ No \_\_\_\_

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## PERSONAL INFORMATION POLICY CONSENT FORM

I understand that *Vista Park Animal Hospital* has a Personal Information Policy in accordance with the requirements of the *Personal Information and Electronic Documents Act*.

By signing below, I am consenting to the collection, use and disclosure of my personal information (such as my home telephone number and my address) in accordance with the purposes set out in the Policy, which include the following:

- i. Maintaining complete and accurate client files and complying with the requirements of the College of Veterinarians of Ontario, the *Veterinarians Act* and regulations under the Act.
- ii. Providing goods and services to veterinary clients, including contacting clients to schedule appointments and follow-ups on patient treatment, billing for goods and services and notifying clients about new services and promotional offers.
- iii. Communicating and working with third parties providing veterinary medical or other services to clients, including other veterinary facilities and insurance companies which may pay for all or part of the cost of such services.

I understand that:

- i. My personal information will not be used or disclosed for purposes other than those for which it was collected, except with my consent, or except where law requires use or disclosure.
- ii. I have the right to view my personal information and have it amended, if inaccurate or incomplete.
- iii. A copy of the Policy will be provided on request.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_