

# Bolton Veterinary Hospital

## New Client Information Sheet

### Owner Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Dr/Mr/Mrs/Miss/Ms

Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Number: (    ) \_\_\_\_\_

Work Number: (    ) \_\_\_\_\_ Cell Number: (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Pet's Information

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: Male / Female / Unknown      Spayed / Neutered: Yes / No

Tattoo/ Microchip #: \_\_\_\_\_

Date of last Vaccines: \_\_\_\_\_ Vaccine Given: \_\_\_\_\_

Date of last Heartworm Test: \_\_\_\_\_ Are you currently giving Heartworm prevention?

Yes / No      If yes what brand? \_\_\_\_\_

What does your pet eat?

Dry Brand: \_\_\_\_\_ Canned brand: \_\_\_\_\_ Other: \_\_\_\_\_

History of Allergies or Medical Problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Currently on: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Are there any other pets in your household? Yes /

No

If yes please indicate quantity below:

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Reptiles \_\_\_\_\_ Ferrets \_\_\_\_\_ Rabbits \_\_\_\_\_

Pocket Pets \_\_\_\_\_ (please indicate which pocket pet)

## Personal Information Collection Consent Form

I \_\_\_\_\_ understand that Bolton Veterinary Hospital has a Personal Information Policy in accordance with the requirements of the *Personal Information Protection and Electronic Documents Act*.

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

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

I understand that:

1. My personal information will not be used or disclosed for purpose other than those for which it was collected, except with my consent, or except where use or disclosure is required by law;
2. I have the right to view my personal information and have it amended, if inaccurate or incomplete; and
3. A copy of the Policy will be provided on request.

### Payment Information

We require **full** payment at the time of service. A deposit of 50% of estimated costs is required on hospitalized animals. Please inquire about fees – estimates can be provided. We accept Cash, Interac, VISA and Master Card. Sorry we **do not** accept cheques.

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

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