



### Welcome to our Clinic!

Please take the time to fill-out this questionnaire as accurately as possible, so that we may better serve you!

#### Family Information

Mr./Mrs./Miss/Ms./Dr. (please circle)

Name:

Home Address:

Apt:

City:

Postal Code:

Home Telephone # ( ) -

Cottage Telephone # ( ) -

Business Telephone # ( ) -

Cell phone # ( ) -

E-mail address:

(We occasionally send out emails with information on new services and pet health news. Please check this box if you would **not** like to receive these updates: )

#### Emergency Contact

Name:

Relationship:

Phone # ( ) -

E-mail address:

#### Animal Information

Name:

Breed:

Colour:

Date of Birth/Age:

Sex: Male/Female

Neutered/Spayed

(please circle)

Previous Veterinary Clinic:

Last vaccine:

Other animals in the household

Yes/No

If yes, their names:

Do you have pet insurance:

Yes/No

If yes, Company Name:

Policy #:

Please tell us how you heard about our clinic

- Saw sign
- Referred by Friend \_\_\_\_\_
- Referred by Previous Client \_\_\_\_\_
- Advertisement \_\_\_\_\_

**Thank-you for your time, we will be with you as soon as possible.**