



WELCOME TO OUR PRACTICE

Thank you for giving us the opportunity to care for your pet! So that we may become better acquainted, please complete the following:

CLIENT INFORMATION: Please Print

<u>Primary Contact</u>	<u>Spouse/Secondary Contact</u>
First Name: _____ Last Name: _____	First Name: _____ Last Name: _____
Primary Contact Phone: (_____) _____ H/ C/ W	_____ (Relationship to Primary Contact)
Alternate Contact Phone: (_____) _____ H/ C/ W	Primary Contact Phone: (_____) _____ H/ C/ W
Address: _____	Alternate Contact Phone: (_____) _____ H/ C/ W
City: _____ Postal Code: _____	How did you become aware of our clinic? _____
E-mail Address: _____	

PATIENT INFORMATION: Please Print

Pet's Name:		Vaccination History: Please Include the date of Last Vaccinations Given	
Breed:		Rabies:	
Date of Birth:		Distemper/Parvovirus:	
Colour:		Bordetella/Kennel Cough (Dogs only):	
Sex:		Upper Respiratory/FVRCP (Cats only):	
Is your pet spayed or neutered?		Feline Leukemia (Cats only):	
When was the last time your pet was dewormed?		Other (Please List):	

Do you have pet insurance: Y / N (please note: we have direct billing through Trupanion only)

If yes, which company: _____ Policy/Client Number: _____

If no, are you interested in learning more about pet insurance? Y / N

For dog owners: Does your dog travel outside of Alberta? Y / N If so, where? _____ Does your dog go to off leash parks? Y / N

For cat owners: Does your cat go outside? Y / N

Please list any previous serious illnesses or surgeries: _____

Does your pet have any allergies to medications or vaccines? If yes, please list: _____

Is your pet on any special diets or medications? If yes, please list: _____

We love taking pictures of your adorable pets while they're here visiting Woodlands Veterinary Hospital and Animal Dental Centre, and sometimes we like to share their moments on our social media. Are you okay with your pets photo's being used on our social media? Y / N

Woodlands Veterinary Hospital and Animal Dental Centre require that all patients be examined at least once within the last 12 months to maintain an active client-patient relationship and must have a full physical examination within 14 days for vaccine administration. This relationship is essential for us to provide ongoing care, including dispensing or refilling all prescribed medications.

All professional fees are due at the time of services rendered. An estimate will be provided to you prior to any extensive medical or surgical procedure. We accept cash, interact, VISA, and Mastercard. We DO NOT accept American Express, personal, or business cheques.

By signing this document, I certify that I am the owner or duly authorized agent for the animal described above, I acknowledge that I have read and agree to abide by the above terms and conditions, and I confirm that all the above information is true and accurate to the best of my knowledge.

Signature: _____

Date: _____