

# Oro Medonte Veterinary Services

## New Client/Patient Information Sheet

*We thank you for giving us the opportunity to care for your pet. In order for us to meet your needs better, please take a moment to fill out the following information sheet.*

**Client information:**

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Spouse/other contact name \_\_\_\_\_

Mailing address \_\_\_\_\_ Ctiy/Town \_\_\_\_\_

Postal code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cel Phone \_\_\_\_\_ Email address \_\_\_\_\_ @ \_\_\_\_\_

It is best to contact me between the hours of \_\_\_\_\_ and \_\_\_\_\_ at the home/business/cell number above (please choose one)

In the case of an emergency, if I am not available please call \_\_\_\_\_ at phone number \_\_\_\_\_. They are authorized to act as my agent.

Previous veterinary clinic (if any) \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about our hospital? \_\_\_\_\_

**Patient information:**

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species (cat/dog/other)				
Breed				
Colour				
Date of Birth				
Sex				
Spayed/Neutered?				
Duration of ownership				
Regular diet				
Supplements				
Treats				
Medications				
Vaccines given DATE TYPE				
Recent illness				
Known allergies				
Last deworming date				
Pet's origin (breeder/spca)				

**HOSPITAL POLICY:**

Please read the following and sign below indicating you understand our hospital policies as listed

**DISEASE PREVENTION**

In order to prevent the spread of infectious disease and parasites hospitalized animals (grooming, surgery, medical work up) MUST be up to date on all vaccinations and free of internal and external parasites. In the event that a hospitalized pet is found to be carrying parasites (i.e. fleas) the pet will be treated for the parasite and the owner will be responsible for cost of treatment.

**PAYMENT FOR SERVICES RENDERED**

Payment for services rendered is due upon discharge of hospitalized pets. An estimate will be provided, but it is an estimate and not a “quote”.

**METHOD OF PAYMENT**

Oro Medonte Veterinary Services can take payments in the form of **cash, debit cards, Visa and Mastercard.**

**MEDICAL RECORDS**

As per the College of veterinarians of Ontario, medical records (including radiographs) are the property of the veterinary clinic, and are to be maintained in the clinic for 7 years. Should you wish to have your files forwarded to another clinic due to a move or referral, we would be happy to send copies of the records to the facility. Radiographs can have copies made, costs incurred will be the responsibility of the pet owner.

I have read and understand the above hospital policies as outlined for Oro Medonte Veterinary Services .

Name (please print ) \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Witness \_\_\_\_\_