

**Barriefield Animal Hospital 700 Innovation Dr**

**PHONE: 613-544-7387(PETS) FAX: 613-544-9150 [www.barriefieldanimalhospital.com](http://www.barriefieldanimalhospital.com)**

ARRIVAL DATE : \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

**Client Information:**

OWNER / GUARDIAN: \_\_\_\_\_

OWNERS ADDRESS WHILE AWAY \_\_\_\_\_

OWNERS PHONE NUMBER WHILE AWAY \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY/PROV/POSTAL CODE \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ PHONE: (Cell) \_\_\_\_\_

PHONE: (Other) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Emergency Contact Information:**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**In the event that your pet becomes ill or gets injured, every effort will be made to contact the owner or above emergency contact person for instructions regarding extent of care. If veterinary care is deemed advisable, owner will have the vet fees added to their invoice.**

**Pet Information (Fill out if new client):**

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

SEX: MALE FEMALE SPAYED/NEUTERED AGE: \_\_\_\_\_

COLOUR & MARKINGS: \_\_\_\_\_

CURRENT VET: \_\_\_\_\_

VACCINATIONS: RABIES \_\_\_\_\_ DHPPV \_\_\_\_\_ BORDETELLA \_\_\_\_\_

HEALTH PROBLEMS\ALLERGIES\RECENT SURGERY: \_\_\_\_\_

MEDICATIONS/SUPPLEMENTS: \_\_\_\_\_

**FEEDING INSTRUCTIONS:** \_\_\_\_\_

**ITEMS BROUGHT:** FOOD: \_\_\_\_\_ BEDDING: \_\_\_\_\_ TOYS: \_\_\_\_\_ LEASH \_\_\_\_\_ COLLAR: \_\_\_\_\_

Will the animal be stressed.: \_\_\_\_\_

**Pick up time on Sunday is 6pm only.**

**If picking up on Sunday, please prepay and ring doorbell on left side of the enter door.**