

# BARRIEFIELD ANIMAL HOSPITAL

## New Client Information Sheet

Thank you for giving us the opportunity to care for your pet. Please print this sheet, complete it and bring it to the hospital at the time of your pet's appointment.

Today's Date \_\_\_\_\_

Owners name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

How did you hear about the Barriefield Animal Hospital?

\_\_\_\_\_

### Patient Information:

Pet's name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Date of birth or approximate age \_\_\_\_\_ Breed \_\_\_\_\_ Colour \_\_\_\_\_

Male: Neutered:  yes  no Female: Spayed:  yes  no

Second Pet's name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Date of birth or approximate age \_\_\_\_\_ Breed \_\_\_\_\_ Colour \_\_\_\_\_

Male: Neutered:  yes  no Female: Spayed:  yes  no

### Please provide previous veterinary clinic information:

Clinic Name \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

This is authorization to acquire medical records for the above animals on behalf of the owners.

Please bring any copies of previous medical information.

Signature of client responsible for pet(s) \_\_\_\_\_ Date: \_\_\_\_\_

*All fees are due when services are rendered. A deposit is required on all hospitalized pets and the balance is due when your pet is released from the hospital.*