

# Welcome to Ganaraska Animal Clinic

## Your Veterinarian in Port Hope, ON

Please help us by providing some basic information so we can provide you with the best service.

Owners Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_  
(first) (last) (first) (last)

Address \_\_\_\_\_  
(#) (Street) (apt#) (city) (postal code)

Home Phone \_\_\_\_\_ - \_\_\_\_\_ Alternate# or Cell # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code) (Area Code)

Work Phone \_\_\_\_\_ - \_\_\_\_\_ Is it okay to call you at work – Yes  No  Emergency Only

Email Address 1) \_\_\_\_\_ 2) \_\_\_\_\_

May we use this email to advise you of appointment reminders Yes  No

May we discuss medical issues relating to your pet via e-mail Yes  No

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

Do you authorize this person to make decisions for your pet in all regards including financial Yes  Up to what amount \$ \_\_\_\_\_ No

How did you learn about our services?

Internet  Referral  Drive by  Yellow Pages  Other

### PET INFORMATION

Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Colour \_\_\_\_\_

1) Does your pet have any known: drug allergies / on-going medications / previous surgeries / special diet, etc.?

Yes  \_\_\_\_\_ No

2) Is your pet micro-chipped? Yes  Microchip # \_\_\_\_\_ No

3) Does your pet have health insurance? Yes  Company name \_\_\_\_\_ No   
If no we advise it. Would you like information? Yes  No

4) If your pet becomes lost would you like us to give your name & phone # to the individual who finds him/her?  
Yes  No

5) Have you been to our clinic with any previous pet? Yes  Pet's name: \_\_\_\_\_ No

6) Previous Veterinarian Clinic \_\_\_\_\_

Your personal information is very important to us and will not be given out to any other company or organization. I agree to Ganaraska Animal Clinic collecting, using and disclosing personal information about me as set out above and in accordance with the Ganaraska Animal Clinic's Privacy Policy.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment is to be made in full at the end of consultation**  
**Thank you for taking the time to fill out this form.**