

ALL CREATURES ANIMAL HOSPITAL 604-560-8344 allcreaturesmc@gmail.com

CLIENT INFORMATION SHEET

PLEASE NOTE THAT WE DO NOT ACCEPT CHEQUES OR AMERICAN EXPRESS

CLIENT NAME: _____

SPOUSE NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMAIL: _____

HOME PHONE(S): _____

CELL PHONE(S): _____

PREFERRED METHOD OF CONTACT: _____

PET'S NAME: _____

BREED: _____

DATE OF BIRTH: _____

SEX (PLEASE CIRCLE ONE):

NEUTRED MALE MALE SPAYED FEMALE FEMALE NOT SURE YET

HAS YOUR PET BEEN SPAYED OR NEUTERED? YES____ NO_____

DATE OF SURGERY? YEAR____ MONTH _____ DAY _____

PREVIOUS VETERINARIAN:_____

ANOTHER PREVIOUS VETERINARIAN:_____

PET'S HEALTH ISSUES:_____

CURRENT MEDICATIONS:_____

ANY HOMEOPATHY? YES WHAT?_____ NO

PLEASE BRING ALL CURRENT MEDICATIONS AND THERAPIES WITH YOU.

ANY ALLERGIES? YES WHAT?_____ NO

IS YOUR PET NERVOUS AT THE VET? YES NO

WE WISH TO GET A COMPLETE MEDICAL HISTORY BY CONTACTING PREVIOUS VETS. WILL YOU ALLOW THIS?

YES

NO

WE MAINTAIN CONFIDENTIALITY OF FILE INFORMATION, BUT WE DO ENJOY SHARING PHOTOS OF OUR PETS. SOMETIMES THE PEOPLE ASSOCIATED MAY BE IN THE PHOTO ALSO.

WOULD YOU ALLOW US TO SHARE PHOTOS?

YES

NO

DO MULTIPLE PEOPLE HAVE LEGAL GUARDIANSHIP OF THIS PET?

YES

NO

LIST ALL OTHER PEOPLE THAT CAN MAKE A LEGAL DECISION REGARDING THIS PET'S CARE

FOR THE SAFETY OF ALL PETS, PLEASE HAVE YOUR PET RESTRAINED – IN A SECURE CARRIER OR ON A SECURE LEASH.