



OWNER(S) CONTACT INFORMATION

Last Name, Owner _____ First Name, Owner _____ Last Name, Spouse _____ First Name, Spouse _____
 Mailing Address _____ City _____ Province _____ Postal Code _____
 Phone Number _____ Cell/Alternate Contact Number _____ Email Address _____ Would you like to receive our monthly newsletter? Yes No
 Owner's Place of Employment/Employer _____ Phone Number _____ Spouse's Place of Employment/Employer _____ Phone Number _____

Do you prefer reminders (for appointments & due dates) via email, text message, or phone call? Email Text Phone Calls Only

Further information you may like us to know about you and/or your spouse (e.g.: allergies, claustrophobia) _____

ALTERNATE CONTACT INFORMATION

First and Last Name(s) _____ Phone Number _____ Cell/Alternate Number _____

OTHER INFORMATION

How did you first become aware of our clinic? Yellow Pages Paperback Website Location Other _____

Personal Recommendation (who may we thank): _____

PAYMENT

We accept: •CASH •DEBIT •VISA •MASTERCARD •AMERICAN EXPRESS *Sorry we DO NOT accept cheques*

I, _____ understand that payment is required at the time services are rendered.

PATIENT (PET) INFORMATION

	Name	Breed	Color	F/M? S/N?	Birth Date (Age)
Pet 1					
Pet 2					
Pet 3					
Pet 4					

MEDICAL, VACCINATION AND HEALTH HISTORY

Name Of Previous Clinic _____ Have your pets received vaccinations? _____ Brand of food currently feeding _____
 Previously Diagnosed Problems or Allergies (please list): _____
 Prior Surgeries (EXCLUDING spay/neuter): _____

Personal Information Consent

PLEASE READ THE FOLLOWING REGARDING THE PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT:
 We at Murdoch Veterinary Clinic respect your right to privacy and will not collect, use or disclose any personal information regarding you or your pet without your consent. The information you provide is for clinic us only. The only time the information you provide may be shared would be in the case of referral or consultation with and outside veterinarian and only with your permission. As medical records are a legal document we do however, require your information in order to provide service. Please indicate below whether or not you will permit us to disclose information:

- I hereby consent to Murdoch Veterinary Clinic collecting, using and disclosing personal information about me. This information is intended for use in our monthly newsletters and/or for promotional material where photos and/or animal names may be used.
- I prefer that Murdoch Veterinary Clinic not collect, use or disclose personal information about me.

Owner Signature _____ Spouse or Equivalent Signature _____ Date _____