VISTA PARK
ANIMAL HOSPITAL

CLIENT REGISTRATION FORM

Date_____

CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following information:

Last Name: _____ First Name: _____ Spouse: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: (_____) _____ Work Phone: (____) _____ Cell Phone: (_____) _____

In Case of Emergency please contact: _____ at #_____

Email Address: _____ # of Pets at Home: _____

Do you have Pet Insurance? Y/N

How Did You Hear About Our Hospital? Individual Referral (Someone we may thank): _____

Google Search: ____Social Media: _____ Hospital Sign (Drove by): _____ Other_____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. This policy helps control costs on which we base our fees.

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
PET'S NAME			
SPECIES (DOG/CAT)			
BREED			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED/NEUTERED?			
WHERE OBTAINED?			
FLEA/HEARTWORM PREVENTION			

Do you have current Veterinary Client Patient Relationships with other veterinarians? Yes ☐ No ☐

If yes, please provide the following information for each veterinarian:

Veterinarian Name(s): _____

Clinic Name(s): _____

Scope of Services: _____

At what hospital was your pet last vaccinated or treated: _____

Services you are seeking (check all that apply): Routine Check-up/Wellness Exam ☐ Sick pet exam ☐

Vaccinations ☐ Emergency/Urgent Care ☐ Surgery ☐ Dental Care ☐ Diagnostics ☐ Euthanasia ☐

Other (please specify):_____

We do not provide after-hours care at our facility, please refer to our website for after-hours services.

Requirements for maintaining a Veterinary Client Patient Relationship: - Regular visits - Compliance with prescribed treatments - Regular communication with the veterinarian - Payment of fees at the time services are rendered - Polite and respectful behaviors towards all staff members

Any previous serious illnesses or surgeries? _____
Any allergies to vaccinations or medications? _____
Is your pet on any special diets or medications? _____

- ☐ I acknowledge that failure to provide accurate and pertinent patient history and information as requested on this form may cause harm to my pets' health.
- ☐ I am 18 years of age or older and have disclosed accurate and truthful information according to my knowledge.

YOUR SIGNATURE: _____ DATE: _____

ANIMAL HOSPITAL

PERSONAL INFORMATION POLICY CONSENT FORM

I understand that *Vista Park Animal Hospital* has a Personal Information Policy in accordance with the requirements of the *Personal Information and Electronic Documents Act.*

By signing below, I am consenting to the collection, use and disclosure of my personal information (such as my home telephone number and my address) in accordance with the purposes set out in the Policy, which include the following:

i. Maintaining complete and accurate client files and complying with the requirements of the College of Veterinarians of Ontario, the *Veterinarians Act* and regulations under the Act.

ii. Providing goods and services to veterinary clients, including contacting clients to schedule appointments and follow-ups on patient treatment, billing for goods and services and notifying clients about new services and promotional offers.

iii. Communicating and working with third parties providing veterinary medical or other services to clients, including other veterinary facilities and insurance companies which may pay for all or part of the cost of such services.

I understand that:

i. My personal information will not be used or disclosed for purposes other than those for which it was collected, except with my consent, or except where law requires use or disclosure.
ii. I have the right to view my personal information and have it amended, if inaccurate or incomplete.
iii. A copy of the Policy will be provided on request.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____