

Barriefield Animal Hospital 700 Innovation Dr

PHONE: 613-544-7387(PETS) FAX: 613-544-9150 www.barriefieldanimalhospital.com

ARRIVAL DATE : _____ ARRIVAL TIME: _____

Client Information:

OWNER / GUARDIAN: _____

OWNERS ADDRESS WHILE AWAY _____

OWNERS PHONE NO WHILE AWAY _____

HOME ADDRESS: _____ CITY/PROV/POSTAL CODE _____

PHONE: (Home) _____ PHONE: (Cell) _____

PHONE: (Other) _____ EMAIL: _____

Emergency Contact Information:

NAME: _____ PHONE NUMBER: _____

In the event that your pet becomes ill or gets injured, every effort will be made to contact the owner or above emergency contact person for instructions regarding extent of care. If veterinary care is deemed advisable, owner will have the vet fees added to their invoice.

Pet Information (Fill out if new client):

NAME: _____ BREED: _____

SEX: MALE FEMALE SPAYED/NEUTERED AGE: _____

COLOUR & MARKINGS: _____

CURRENT VET: _____

VACCINATIONS: RABIES _____ DHPPV _____ BORDETELLA _____

HEALTH PROBLEMS\ALLERGIES\RECENT SURGERY: _____

MEDICATIONS/SUPPLEMENTS: _____

FEEDING INSTRUCTIONS: _____

ITEMS BROUGHT: FOOD: _____ BEDDING: _____ TOYS: _____ LEASH _____ COLLAR: _____

Will the animal be stressed.: _____

Pick up time on Sunday is 6pm only.

If picking up on Sunday, please prepay and ring doorbell on left side of the enter door.