

BARRIEFIELD ANIMAL HOSPITAL

New Client Information Sheet

Thank you for giving us the opportunity to care for your pet. Please print this sheet, complete it and bring it to the hospital at the time of your pet's appointment.

Today's Date _____

Owners name _____ Spouse _____

Address _____ City _____ Prov _____ PC _____

Home phone () _____ Work phone () _____ Cell phone () _____

E-mail address _____

Place of Employment _____ Address _____

How did you hear about the Barriefield Animal Hospital?

Patient Information:

Pet's name _____ Dog _____ Cat _____ Other _____

Date of birth or approximate age _____ Breed _____ Colour _____

Male: Neutered: yes no Female: Spayed: yes no

Second Pet's name _____ Dog _____ Cat _____ Other _____

Date of birth or approximate age _____ Breed _____ Colour _____

Male: Neutered: yes no Female: Spayed: yes no

Please provide previous veterinary clinic information:

Clinic Name _____

Telephone # _____ Fax # _____

This is authorization to acquire medical records for the above animals on behalf of the owners.

Please bring any copies of previous medical information.

Signature of client responsible for pet(s) _____ Date: _____

All fees are due when services are rendered. A deposit is required on all hospitalized pets and the balance is due when your pet is released from the hospital.