**Primary Owner/Caregiver To help us provide the best care, please complete the following:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| STREET ADDRESS: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| *City:* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | *Province:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | *Postal Code:* \_\_\_\_\_\_\_\_ |
| PRIMARY PHONE: | (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ | CELL: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ | | | WORK: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ ext \_\_\_\_\_ | |
| EMAIL: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Spouse/Co-Owner**

|  |  |  |
| --- | --- | --- |
| LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PHONE: | (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ | |

**Your First Visit**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of your appointment: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Which of the following best describes this visit? | | | | | This is a one-time visit | | | | | | |
|  | | | | | I would like Westoak Animal Hospital to become my regular clinic. | | | | | | |
| How did you become aware of our hospital? | | | | | Drove by  Yellow Pages  Internet  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | Referral, whom may we thank? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Photographs of pets may be taken at any time for medical records. These photos may be used for display or shared on websites and social media: | | | | | | | | | | | |
| Yes, I give permission to take and use my pet’s photo | | | | | | | | | | | No thank you |
| Yes, I give permission to provide vaccine information to grooming/boarding facilities. | | | | | | | | | | | No thank you |
|  |  | | | | |  |  | | |  | |
|  | | Signature | |  | | | | Date |  | | |

**Patient Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PET NAME: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | DOB (M/D/Y): | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | |
| SPECIES: | Dog | | | COLOUR: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Cat (Declawed:  No  Yes **/**  Indoor  Outdoor) | | | MICROCHIP: | No | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Yes | #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BREED: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | TATTOO: | No | |
| SEX: | Male | | Male-Neutered |  | Yes | #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Female | | Female-Spayed | PREVIOUS CLINIC NAME: | | |
| CURRENT DIET: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Is your pet insured? | | No | Yes, Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Policy #\_\_\_\_\_\_\_\_\_\_ | | | |
| Does your pet currently have any medical conditions and/or on medication? If so, briefly explain. | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

**All accounts are due when services are rendered. If you have any concerns, please speak with the receptionist before seeing the Veterinarian.**

OFFICE USE ONLY: C / I / R / V / Hx Attached / Consent Attached / Photo Uploaded

Intake: \_\_\_\_\_\_\_\_ Verified by:\_\_\_\_\_\_\_\_