**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:\_\_\_\_\_\_\_\_