

Welcome !!!

**Downtown Veterinary Hospital
154 Tuscarora St. Windsor, ON N9A 3L4
(519) 258-9963**

Thank you for giving us the the opportunity to care for your pet. Please help us to better meet your needs by taking a few minutes to complete this information form.

Owner's Name : _____ (you must be 18 years or older to fill out this form)
Address: _____ Apt. _____
City: _____ Province: _____ Postal Code: _____
Email: _____
Phone: _____ Cell: _____ Work: _____

Would you like to add another name to the account ? No ___ Yes ___

Name/Relationship: _____ / _____ (by checking "Yes" you will allow us to communicate medical information with this person)

Pet's Name: _____ Breed: _____ Colour: _____
Age: _____ Known DOB? _____ Sex: M ___ F ___ Neutered/Spayed: Yes ___ No ___
Indoor/Outdoor?: _____ What does he/she eat incl treats/human food?: _____
Microchipped: Y ___ N: ___ Pet Insurance: Y ___ N ___ Previous Veterinary Hospital: _____

How did you hear about us? Friend ___ Another Clinic ___ Internet ___ Other _____
Please provide name of friend or clinic that referred you to us: _____

I consent to the collection and use of personal information in accordance with the Personal Information & Electronic Documents Act

Signature: _____ Date: _____

Do you authorize the Downtown Veterinary Hospital to use pictures of your pet for the clinic file?
Yes ___ No ___

Do you authorize the Downtown Veterinary Hospital to use pictures of your pet for our facebook page?
Yes ___ No ___

Do you authorize the Downtown Veterinary Hospital to send electronic messages and reminders to the email address provided ? Yes ___ No ___

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.
For your convenience we accept VISA/MC/AMEX/DEBIT/CASH and PETCARD. NO CHEQUES
ARE ACCEPTED.**