

## Client and Patient Information Form

\*For Pet Owners

### Client Information

Name \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

### Pet Information \* all fields are important to complete

Pet's name \_\_\_\_\_ Species  Canine  Feline

Gender  Male  Male/Neutered  Female  Female/Spayed

Birth Date (or age) \_\_\_\_\_ Breed \_\_\_\_\_ Colour \_\_\_\_\_

Microchip number \_\_\_\_\_

Current Vaccine history \_\_\_\_\_

Current diet \_\_\_\_\_

Prior surgeries \_\_\_\_\_

Current medical conditions \_\_\_\_\_

Current medications \_\_\_\_\_

Current supplements or over the counter medications \_\_\_\_\_

Food or drug allergies \_\_\_\_\_

Pet insurance company and policy number \_\_\_\_\_

Previous or concurrent Veterinary Practice Name \_\_\_\_\_

Phone Number \_\_\_\_\_

How did you hear of us?

*I give Bayview Wellington Veterinary Clinic permission to photograph my pet for the purpose of documenting the treatment and I give consent that the photographs may be used for educational and promotional purposes which includes social media. Confidentiality is assured.*

I have read and understand the Bayview Wellington Veterinary Clinic's Personal Information Policy

Client Signature \_\_\_\_\_