

Client Registration Form

Owner's Name First: _____ Last: _____

Street Address _____ Unit _____

City _____ Province _____ Postal Code _____

Phone Number HOME: _____ CELL: _____ WORK: _____

Co-owner's Name First: _____ Last: _____

Co-owner's Phone Number: _____

Owner's Email: _____ Co-owner's Email: _____

Our clients appreciate receiving emails from us. We use email communication to send appointment reminders, reminders related to the continued good health of your pet, welcome card. We kindly ask that you provide us with your consent to receive email communication from Downtown Veterinary Clinic.

Yes, I consent to receive emails

No, I do not consent to receive emails

Preferred Contact Method Email Phone

Your Pet's Name _____

Is your pet a DOG CAT

Is your dog or cat a Spayed Female Neutered Male Female Male

Is your cat Indoor Outdoor Indoor/Outdoor Other: _____

Date of Birth Month _____ Day _____ Year _____ Or Age: _____

Breed _____ Color: _____

Tattoo or Microchip Number: _____ Your Pet Personality: _____

Does your pet have health insurance? Yes No Company/Policy Number: _____

Does your pet have allergies or a history of major health problems? _____

Name of previous clinic/hospital: _____ Would you like us to request medical records Yes No
Other: _____

How did you hear about us: Google DVC website Friend Live in area Facebook Internet Search

Other: _____ Your Friend's Name: _____

We take pictures of your pet for the medical record. We use social media to keep in touch with our clients and we may post your pet's pictures on our sites. I grant Downtown Veterinary Clinic permission to post my pet's picture on social media Yes No

PAYMENT/APPOINTMENT/PRIVACY POLICY

Payment is due when services are rendered. If you are unable to meet our payment policy you must notify us prior to consultation or treatment. For your convenience we accept the following methods of payment: Cash, Debit, Visa, Master Card, Discover, Dinners Club & Union Pay.

A No Show charge of \$56+GST will be administered for clients that do not provide 24 hours notice for appointments. This charge must be paid prior to booking another appointment. For surgical/dental procedures a 48 hour notice is required. Thank you for your understanding.

In accordance with the Privacy Act, I understand my rights for privacy and that my personal information will not be released without my consent. I consent and authorize Downtown Veterinary Clinic to disclose the necessary personal information required for the continued good health of my pet, in communicating with other veterinarians, specialists and any other relevant third party.

I have read the above Policies and I agree I Do Not Agree

Owner's or Representative's signature: _____ Date: _____