

**WELCOME TO
TOWN CENTRE VETERINARY HOSPITAL!**

Owner's Name _____ Spouse/Other _____

Address _____

City: _____ Prov: _____ Postal Code: _____

Phone: H): _____ (*please note best number to reach you)

W)-(Self): _____ Cell-(Self): _____ Provider _____

W)-(S/O): _____ Cell-(S/O): _____ Provider _____

Primary email address: _____

1. I authorize Town Centre Vet Hospital to send me reminders by email yes no

2. I authorize Town Centre Vet Hospital to send me occasional promotional emails yes no

I can unsubscribe from these emails at any time

Signature _____ Date _____

Employer's Name & Address (optional) _____

S/O Employer & Address (optional) _____

Alternate contact person in case of emergency - Name: _____

Relationship: _____ Phone #: _____

How did you first hear of our hospital?

Individual (someone we may thank?) _____

Vet Referral (specify) _____ Yellow Pages _____

Clinic Sign _____ Internet-our website _____ -other site (specify) _____

Other (specify) _____

Do you currently have, or are you interested in, pet insurance? _____

If you already have pet insurance, which company? _____

Policy number _____

**PAYMENT FOR SERVICES MAY BE PAID BY CASH, INTERAC, VISA,
MASTERCARD, OR AMERICAN EXPRESS UPON RECEIPT OF SERVICES.
CHEQUES ARE NOT ACCEPTED AT OUR HOSPITAL.**

TURN PAGE OVER.....

FOR OFFICE USE ONLY:

File# Entered _____ Rolodex Card _____ Info check(date) _____

ANIMAL MEDICAL HISTORY

Please complete all information for each pet.

	Pet # 1	Pet # 2	Pet # 3
Name			
Species (cat/dog/other)			
Breed			
Color			
Age/Birthdate			
Sex			
Spayed/Neutered			
Date of last vaccine			
Length of time owned			
Where did you get pet			
Brand of pet food			
Indoor or Outdoor pet			
Tattoo and/or Microchip #			

Prior Illnesses/History: _____



FIND US ON FACEBOOK!

Visit our website at www.towncentrevet.ca