



Prince George Veterinary Hospital



CLIENT INFORMATION FORM

OWNER INFORMATION

Mr/Ms/Mrs/Dr Last: _____ First: _____

Name of co-owner (if applicable): _____

Address: _____

City: _____ Prov/State: _____ Postal Code/ZIP: _____

Home # _____ Cell # _____ Work # _____

Email address: _____

Which method do you prefer to receive vaccination reminders: email or regular mail

Do you qualify for a senior citizen discount? If yes, Gold Card # _____

How or who from did you hear about our hospital? _____

If this is an emergency visit - which veterinary facility should we inform? _____

PET INFORMATION

Name: _____ Species: Dog Cat Other _____

Date of Birth: _____ Sex: Female or Male Spayed/Neutered? Yes or No

Breed: _____ Purebred? Yes or No Color: _____

Tattoo #: _____ Microchip: _____

List any major medical problems (past or present). _____

Current medication? Yes or No If yes, which one(s) _____

Any known drug allergies? Yes or No If yes, which one(s) _____

PLEASE PROVIDE THE RECEPTIONIST WITH YOUR PET'S VACCINE HISTORY.

I acknowledge that, in order to keep the costs of professional services to a minimum, all fees will be paid in full at the time of services or release of my pet from this hospital. I am aware that hospitalized patients require a 50% deposit upon admission and the remaining balance is due upon discharge.

SIGNATURE _____ Date: _____