

St. Lawrence Veterinary Services

New Client Information Sheet

Thank you for giving us the opportunity to care for your pet. We would like to know more about you and your pet. Please print this sheet, complete it and bring it to the hospital at the time of your pet's appointment.

Today's Date: _____

Owners name: _____ Partners name: _____

Address: _____ City: _____

Prov: _____ Postal Code: _____

Home phone: (____) _____ Work phone (____) _____ Cell phone (____) _____

E-mail address: _____

Place of Employment: _____ Address: _____

How did you hear about St. Lawrence Veterinary Services?

Patient Information:

Pet's name: _____

Species: _____

Date of birth or approximate age: _____

Breed: _____ Colour(s): _____

Is this animal spayed / neutered?: _____

Second Pet's name: _____

Species: _____

Date of birth or approximate age: _____

Breed: _____ Colour(s): _____

Is this animal spayed / neutered?: _____

Please provide previous veterinary clinic information:

Clinic Name: _____

Telephone #: _____

Fax #: _____

This is authorization to acquire medical records for the above animals on your behalf. In order to provide the best care for your pet, it is important to have a complete medical record. Please bring any copies of previous medical information.

Signature of client responsible for pet(s) _____ Date: _____

All fees are due when services are rendered. A deposit is required on all hospitalized pets and the balance is due when your pet is released from the hospital. We look forward to working with you and your pet!