

WELCOME TO OUR PRACTICE

Mr./Mrs./Ms.

Name _____

Spouse Name _____

Address _____

City/Town _____

Postal Code _____

Phone Number _____

Work Number _____

E-mail Address _____

Fax Number _____ Cell Number _____

Whom may we thank for the referral

Personal Information Consent

At Prairie Animal Health Centre we respect your right to privacy and will not collect, use or disclose any information regarding you or your pet without your consent. The information we seek from you is obtained so that we can provide a high quality of veterinary service and ensure that you are fully aware of our actions. In all cases, we will only disclose personal information about you in circumstances where we believe that it will be beneficial to the continued good health of your pet. Please check below whether or not you will permit us to disclose personal information in those situations.

_____ I hereby consent to Prairie Animal Health Centre collecting, using and disclosing personal information about me.

_____ I prefer that Prairie Animal Health Centre not collect, use or disclose personal information about me.

Date: _____

Signature _____

ABOUT YOUR PET

Name _____

Breed _____

Color _____

Sex _____

Spayed/Neutered Yes _____ No _____

Birthday _____

Date of Last Vaccination _____

List any concerns that you may have about your pet

Sleeps more Diarrhea
Drinks more Vomiting
Urines more Unusual behaviour

Other _____

—

List any other pets:

Name _____ Age _____ Breed _____

Sex _____ Color _____

Name _____ Age _____ Breed _____

Sex _____ Color _____

Name _____ Age _____ Breed _____

Sex _____ Color _____

Credit Policy

All fees for small animal products and services are due and payable at the time of service.