

Welcome to the Castlegar Veterinary Hospital

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:



CLIENT INFORMATION

Date: _____

Name: _____ Spouse/Co-Owner's Name: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

*Please indicate which your primary contact number is by marking the box next to it

E-Mail Address _____ Best Time To Reach You _____

I allow the Castlegar Veterinary Hospital to send me electronic message via their website, Vetstreet Pet Portal, text message, and direct emails for the staff (you may unsubscribe at any time): Yes No

In the event your pet is lost, does Castlegar Veterinary Hospital have you consent to provide your contact information (name and phone number) to anyone that may have found your pet? Yes No

How did you become aware of our clinic? Drove by__ Yellow Pages__ Web Site__ Other _____

Personal Recommendation (*Whom may we thank?*) _____

Previous Veterinarian/Hospital _____

*Please show any records you have to our receptionist so we may ensure accurate dates in our files.

	PET # 1	PET # 2	PET # 3
Name			
Species			
Breed			
Date of Birth (age)			
Color			
Gender; spayed or neutered?			
Tattoo/Microchip Info			
<u>Your Dog's Vaccination History (date last done):</u>			
Rabies			
Distemper/Hepatitis (DA2PPV/DAP)			
Bordetella (kennel cough)			
Other vaccines (lepto, lyme, etc.)?			
Parasite Prevention (fleas/ticks/etc.)?			
<u>Your Cat's Vaccination History (date last done):</u>			
Rabies			
FVRCP			
Feline Leukemia			
Parasite Prevention (fleas/ticks/etc.)?			
<u>General History:</u>			
Please list any: previous illnesses, surgeries, allergies to vaccines or medications, special diet or medications:			

Payment Policy:

All fees must be **PAID IN FULL** when services rendered. If you are unable to meet our payment policy, please notify us prior to treatment. We accept VISA, MasterCard, Debit, Cash and Medi-Card