



Please write on the plastic sheet. Thank you!

PET INFORMATION

Pet's name: _____ Birthday: _____ Age at adoption: _____
Breed: _____ Colour: _____
Spayed/Neutered? Y N Unsure Microchipped? Y N Unsure Insured? Y N Unsure
Any current health problems: Y N Any resolved health problems: Y N Unsure
Previous surgeries(other than spay/neuter)/dental procedures/injuries: Y N Unsure
Adverse drug/vaccine/anesthetic reactions/complications? Y N Unsure
History of aggression/behaviour problems? Y N Unsure Ticks removed? Y N Unsure
Travel outside Ontario? Previous: Y N Unsure Plan to: Y N Maybe

OWNER INFORMATION (for new clients only)

First name: _____ Last name: _____
he/him___ she/her___ they/them___ other___ ; Miss___ Ms___ Mrs___ Mr___ Dr___ Other ___
Address: _____
City: _____ Postal Code: _____
Home phone: _____ Cell: _____ Work: _____
Primary Email: _____ Other: _____
Please contact me by (check all that apply and circle preferred): phone call___ text___ email___
Names/pronouns/titles of anyone else permitted to make medical decisions for your pet (if ONLY you, then please put N/A): _____
Okay to use peanut butter in appointments? Yes___ No___ How did you find us? _____

Please see back side too! →

Consent to Keep Personal Information (required)

This document represents consent for Park Animal Hospital to keep in its records any personal information that I (_____) have given to the staff. I understand that Park Animal Hospital abides by a privacy policy and no information shall be given to any other business and/or person(s) that is not employed at Park Animal Hospital unless it is in the aid of medical care for my pet(s). I also understand that person(s) who had recent employment with Park Animal Hospital have signed and agreed to keep any and all of my information private.

Date: _____ Signature: _____

Acknowledgment of Stress-reduction Policy (required)

We reserve the right not to put our team in harm's way, nor to cause your pet unnecessary stress. Service may be refused if oral pre-appointment anti-anxiety medications and/or in-hospital injectable sedation is declined.

Date: _____ Signature: _____

Media Release Consent (optional)

We want your pet to be a star!

I (_____) grant permission to Park Animal Hospital and its employees to take photographs and/or video of me and/or my pet(s) (_____), to use and publish the same in print and/or electronically. Park Animal Hospital may also use and publish my pet's story, including relevant medical history. I agree that Park Animal Hospital may use such photographs, videos or stories including me and/or my pet with or without our names and for any lawful purpose, including for example such purposes as social media, advertising and web content.

Date: _____ Signature: _____



Download our app to stay connected!



Instagram

