



WATERLOO WEST ANIMAL HOSPITAL

CLIENT INFORMATION SHEET

Last Name: _____ First Name: _____

Name on the File must be a legal adult (18+)

Address: _____ Apt/Unit# _____

City: _____ Postal Code: _____

Telephone: Home: _____ Cell: _____

E-mail address: _____

Pets Name: _____ Age/DOB: _____

Breed: _____ Colour: _____

Sex: Male Female Spayed/Neutered

Date of Last Vaccination: _____

Any Medical Conditions that we need to be aware of (allergies, drug reactions, heart conditions, etc.) _____

Has your pet received medical attention/vaccines at another clinic previously?

Yes No

Do you want your pet's medical information transferred to our clinic?

Yes No

Do you want us transfer your pet's medical records to your regular veterinarian?

Yes No

Please write down the name of the veterinary clinic (city & province)

How did you find out about the clinic? _____

If you have any other animals that you will be bringing to the clinic, please fill out the following:

Name	Age/DOB	Sex	Breed	Colour

All payments are due at the time of services rendered.

We accept cash, Debit, VISA, and Mastercard. We do not accept cheques.

I have read and understand the above statement and agree to the terms.

Signature: _____

*We would like to welcome you, your family, and your pet(s) to
Waterloo West Animal Hospital!*