



# MARKHAM ANIMAL CLINIC

## WELCOME!



Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please fill out this form completely. Thank You!

### OWNER INFORMATION

(Please Print)

Owner \_\_\_\_\_ Co-Owner/Spouse \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Is this number:  home  cell  work

Alternate number \_\_\_\_\_ Is this number:  home  cell  work  co-owner/spouse

E-mail address \_\_\_\_\_

### PET INFORMATION / HEALTH HISTORY

*If you have multiple pets, please fill out a separate form for each pet.*

Name of Pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_ Approx. Age / Birthdate (if known) \_\_\_\_\_

Male  Neutered  Female  Spayed

#### Vaccination History

Has your pet been vaccinated within the last 12 months? *Rabies vaccination is required by law.*

Yes, vaccinations are current. List types and dates of last vaccinations \_\_\_\_\_

No, vaccinations are not current \_\_\_\_\_

I'm not sure

#### Medical History

Any prior medical condition, illness or surgery? \_\_\_\_\_

Taking any medications or on a special diet? \_\_\_\_\_

### REFERRAL INFORMATION

#### **Please tell us how you learned about us.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> I'm a current client | <input type="checkbox"/> Yellow Pages (internet) | <input type="checkbox"/> Newspaper Ad     |
| <input type="checkbox"/> Friend or Relative   | <input type="checkbox"/> Website                 | <input type="checkbox"/> Shelter / Rescue |
| <input type="checkbox"/> Yellow Pages (book)  | <input type="checkbox"/> Internet (other)        | <input type="checkbox"/> Clinic Sign      |

If you were referred by a Friend or Relative, whom can we thank? \_\_\_\_\_

### AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet, following consultation and approval by me. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalization and/or surgical treatment.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment:  MasterCard/VISA/Discover  Check  Cash  Care Credit  Pet Insurance