

Welcome to Admirals Walk Pet Clinic

Primary Owner

First: _____ Last: _____
Street Address _____ Unit # _____
City _____ Province _____ Postal Code _____
Phone Number HOME: _____ CELL: _____ Alternative: _____

Preferred Contact Method Email Phone

Secondary Owner

First: _____ Last: _____
Phone Number: _____

Preferred Contact Method Email Phone

Primary Owner Email: _____

Secondary Owner Email: _____

We use email communication to send appointment reminders, reminders related to the continued good health of your pet. We kindly ask that you provide us with your consent to receive email communication from Admirals Walk Pet Clinic.

Yes, I consent to receive emails No, I do not consent to receive emails

Your Pet's Name: _____ **Date of Birth Or Approximate Age:** _____

Is your pet a: DOG CAT **Is your cat:** Indoor Outdoor Indoor/Outdoor

Is your dog or cat a: Spayed Female Neutered Male Female Male

Breed: _____ **Colour:** _____ **Up to date on Vaccines?** Yes No Unsure

Does your pet have health insurance? Yes No **Company/Policy Number:** _____

Does your pet have allergies or a history of major health problems? _____

Name of previous clinic: _____ **Do we have authorization to request records?** Yes No

How did you hear about us: Google Website Friend Live in area Facebook Other: _____

By signing this form, I hereby authorize Admirals Walk Pet Clinic to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit may be required before diagnostics and treatments can be initiated and that payment in full is required prior to discharge of patient from Admirals Walk Pet Clinic.

Appointment Policy

Please show up for your appointment 5 minutes early. If you arrive late for your appointment, your time spent with the doctor will be shortened. If you are more than 15 minutes late, your appointment will need to be rescheduled. If you do not show up for your appointment, you will be charged a deposit (cost of an exam) to rebook. If you book two pets, you will be required to leave a deposit of \$108.50 (cost of one exam fee). If you need to cancel an appointment, please give **24-48 hours' notice**. If you are unable to give notice due to an emergency, your deposit will be kept and used towards a later appointment date.

Owner's or Representative's signature: _____ **Date:** _____