

Victoria Veterinary Clinic

File # _____

FOR CONSENT PURPOSES, OWNER MUST BE AT LEAST 18 YEARS OLD

Client Information

Owners Name (/Mr./Mrs./Ms./Dr.) _____

First

Last

Address _____

Street

City

Province

Postal Code

Phone #'s (____) _____ (____) _____ (____) _____

Cell

Residence

Business

Spouse/Relative/Other (Mr./Mrs./Ms/Dr.) _____

First

Last

Phone #'s (____) _____ (____) _____

Cell

Business

Would you like us to send you Reminders by: Mail Email: _____

Patient Information

Pet's Name _____ **Birthdate** _____ Female Male

(Or approximate age)

Breed _____ **Color** _____ **Spayed/Neutered?** No Yes

Microchip: No Yes #: _____ **Tattoo:** No Yes #: _____

Has your pet had any previous vaccinations? No Yes (if yes, explain below)

Vaccines administered? (If known) _____

When? _____ Where? _____

I consent to Victoria Veterinary Clinic contacting my previous veterinarian for my pet's medical history Yes No

Does your pet have any previous or existing medical conditions, injuries, or has had any major surgeries? No Yes

Describe _____

Does your pet have any allergies to foods, vaccinations, or medications? No Yes _____

Is your pet on any special diets? No Yes _____ Medications? No Yes _____

I consent to the use of images or video of my pet for promotional or editorial use: Yes No

How did you learn about our practice? (Please circle) Phone Book Location Website Other: _____

Referral – Who may we thank? _____

I understand that professional fees are to be paid at the time that they are rendered.

(For your convenience, Victoria Veterinary Clinic accepts CASH, DEBIT, MASTERCARD and VISA)

I authorize treatment for the patient named above and accept responsibility for the charges incurred at this hospital.

Signature of Owner or Authorizing Agent

Date