



# Brock Street Animal Hospital

Date \_\_\_\_\_

Owner/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postal Code \_\_\_\_\_

Patient Name \_\_\_\_\_

Species  Canine  Feline

Breed/Colour \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Email \_\_\_\_\_

Consent to Email  Yes  No

Sex

Male

Female

Neutered/Spayed

De-clawed (*if applicable*)

Reason for visit today \_\_\_\_\_

Important Medical History (*Illness-current or chronic, allergies, medications your pet receives*)

\_\_\_\_\_

Vaccine History (*Please include date(s) administered if records are unavailable for review*)

\_\_\_\_\_

Is Your Pet Insured? No  Yes  Name of Insurer \_\_\_\_\_

Is Your Pet Microchipped? No  Yes  Number \_\_\_\_\_

Previous Veterinarian or Hospital \_\_\_\_\_

Reason for visit today \_\_\_\_\_

How you learned of our hospital

- Referral, *Whom may we thank?* \_\_\_\_\_
- Printed Ad
- Drive By/Location
- Phone Book / Internet Search / Website / Facebook (please circle)
- Other, *Please Explain* \_\_\_\_\_

### **PROMISSORY NOTE- Signee must be at least 18 years old**

I understand that I am financially responsible for all charges incurred from medical treatment at this facility. I also understand that all charges are due at the time of service

Signature \_\_\_\_\_

***We will gladly prepare a written estimate if you desire. Please ask a staff member.***

## **Personal Information Policy - Consent Form**

I understand that Brock Street Animal Hospital has a Personal Information Policy in accordance with the requirements of the Personal Information Protection and Electronic Documents Act.

By signing below, I am consenting to the collection, use and disclosure of my personal information (such as my home telephone number and address) in accordance with the purposes set out in the Policy, which include the following:

- i. Maintaining complete and accurate client files, and complying with the requirements of the College of Veterinarians of Ontario, the Veterinarians Act and regulations under the Act;
- ii. Providing goods and services to veterinary clients, including contacting clients to schedule appointments and follow up on patient treatment, billing for goods and services and notifying clients about new services and promotional offers; and
- iii. Communicating and working with third parties providing veterinary medical or other services to clients, including other veterinary facilities and insurance companies which may pay for all or part of the cost of such services.

I understand that:

- i. my personal information will not be used or disclosed for purposes other than those for which it was collected, except with my consent, or except where use or disclosure is required by law;
- ii. I have the right to view my personal information and have it amended, if inaccurate or incomplete; and
- iii. a copy of the Policy will be provided on request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **Confidentiality and Non-Disclosure Agreement – OFFICE USE ONLY**

The undersigned agrees that all client and practice related information provided by Brock Street Animal Hospital will be kept confidential, and will only be used for the purpose for which it was provided. The undersigned agrees not to disclose the client information and practice information to any third party without your prior written consent.

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Name – Please Print

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Authorized Signing Officer