

Welcome to Oromocto Veterinary Hospital!

| CLIENT INFORMATION | | | | Please print clearly | |
|--|--|-------------------------|--|-------------------------|--|
| First Name: | | Last Name: | | | |
| Street Address with apartment/unit number: | | | | | |
| Town/City: | | Postal Code: | | Province: | |
| Home phone: () | | Cell phone: () | | Work phone: () | |
| Email address: | | | | | |
| Are you Military / Veteran? <i>Thank you for your service</i> | | | We love referrals! Were you referred to us and by whom? | | |

| Spouse/ Significant Other/ Relative/ Friend/ Other: (for our file) | | |
|--|------------|---------------------------|
| First Name: | Last Name: | Phone number: () |

| PATIENT INFORMATION | | |
|-------------------------|---|-------------------------------------|
| Pet's name: | | Birthday (year of birth if unsure): |
| Species (ex: cat, dog): | Male Female | Spayed/Neutered: Yes No |
| Colour: | Is animal microchipped?: Yes No | |
| Breed(s): | | |

| OTHER PET | | |
|---|--|-------------------------------------|
| Pet's name: | | Birthday (year of birth if unsure): |
| Species (ex: cat, dog): | Male Female | Spayed/Neutered: Yes No |
| Colour: | Is animal microchipped? Yes No | |
| Breed(s): | | |
| Add any more pets on the back of this sheet. Check here if additional pet(s) on the back <input type="checkbox"/> | | |

| HISTORY | | |
|--|-----------|-----------------|
| Do we need to request records from a previous veterinarian? Yes No | | |
| Name of Veterinary Hospital: | | |
| City: | Province: | Phone: () |