GOLF LINKS VETERINARY HOSPITAL

27 Legend Court, Unit #1A, Ancaster, ON L9K 1J3
Tel: 905.304.PETS (7387)
www.golflinksvet.ca reception@golflinksvet.ca

New Client & Patient Form

Date: _____

YOUR INFORMATION:

☐ Mr. ☐ Ms. ☐ Mrs. Last Name: _____ First Name: _____

Co-owner Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Phone # (_____) _____ ☐ home ☐ cell Alt.# (_____) _____ ☐ home ☐ cell

E-mail *(required for exam and vaccine reminders):* _____

Are you a senior? ☐ Yes ☐ No

Would you like your previous medical files transferred here? ☐ Yes ☐ No ☐ Undecided

Previous Veterinary Clinic: _____

I acknowledge that I am the rightful owner of the pets presented and that all information given is correct to the best of my knowledge.

Signature: _____

How did you hear about us? ☐ Referral (who?) _____

☐ Driving by ☐ Website ☐ Other _____

PET INFORMATION:

Name: _____ Species: ☐ Cat ☐ Dog Birthdate or Age: _____

Breed: _____ Color: _____

Sex: ☐ M ☐ F Spayed or Neutered: ☐ Yes ☐ No

Cats Only: ☐ Indoor ☐ Outdoor Declawed: ☐ Yes ☐ No

General Character: ☐ Friendly ☐ Aggressive ☐ Quiet

Does your pet have a microchip? ☐ Yes ☐ No Diet Name: _____

Last Vaccine: _____ Date: _____

Previous Medical Conditions: _____

*** Please note that payment is due when services are rendered and may be made by:**
CASH, DEBIT, MASTERCARD, AND VISA
Sorry, we do not offer payment plans.

NOTE: This information is collected in accordance with the Personal Information Protection and Electronic Documents Act. Your information will not be shared with anyone except with your express or implied consent. We may from time to time send you information pertinent to your pet/s healthcare (ex. physical examination reminders etc) or general information from our hospital that we expect would be of interest to you. Should you have any questions or concerns regarding your privacy, please notify us immediately.