



WHITES ROAD ANIMAL HOSPITAL

HIGHWAY 2 VETERINARY OFFICE

SERVING PICKERING & AJAX ONTARIO

Client Information

Owner's Name: _____ Spouse/Other: _____

Address: _____ City/Town: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Patient Information

Pet's Name: _____ Breed: _____ Description: _____

Birthdate/Approx. Age: _____ Colour: _____

Species (Circle One): Dog / Cat / Pocket Pet

Sex (Circle): Male / Female Neutered / Spayed

Number of Pets in Home: _____

Additional Information

How did you hear about us? _____

If there is someone we can thank for the referral, please let us know: _____

May we contact your previous Veterinarian for your pet's health record? Yes / No

If yes, clinic name: _____

Payment Policies

Payment is due at the time of service; we are not able to accept cheques or billed accounts. We do offer the following methods of payment: Cash, Interac, Visa, or Mastercard. An estimate can be made for services if you require one.

I have read and completes the above information to the best of my knowledge:

Signature: _____ Date: _____

Office Use Only

Puppy/Kitten Kit: _____ Insurance Trial: _____

Personal Information Policy/Consent Form

I understand that Whites Road Animal Hospital / Highway 2 Veterinary Office 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 phone number and address) in accordance with the purposes set out in the Policy, which include the following:

1. Maintaining complete and accurate client files, and complying with the requirements of the College of Veterinarians of Ontario and the Veterinarian's Act and regulations under the Act.
2. Provide goods and services to veterinary clients, including contacting clients to schedule appointments and follow up on patient treatment, billing for goods and services, notifying clients about new and promotional offers.
3. Communicating and working with third parties providing veterinary medical or other services to clients

I understand that:

1. My personal information will not be used or disclosed for purposes other than those for which it was collect, except with my consent, or except where use or disclosure is required by law.
2. I have the right to view my personal information and have it amended, if inaccurate or incomplete.
3. A copy of the policy will be provided on request.

Printed Name: _____

Signature: _____

Date: _____