

Client Number _____



Welcome to WVC. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. **PLEASE PRINT.**

OWNER'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

PRIMARY PHONE # _____ SECONDARY PHONE # _____

EMAIL _____ May we contact you via email Yes No

HOW WOULD YOU LIKE REMINDERS SENT? EMAIL MAIL TEXT PHONE

May we post photos of your pet on Social Media : Yes No

How did you hear about us? _____
(facebook, google, location, etc, if personal referral please include name)

We will gladly prepare a written estimate if you desire (please ask your doctor OR receptionist).
We accept Master Card, Visa, Interac or Medi-Card payment arrangements if made in advance.
We do not accept cheques and do not offer any payment plans.

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

To prevent the spread of infectious diseases, we recommend all hospitalized and boarded patients be current on all vaccines.

Signature of Responsible Agent for Pets: _____ Date: _____

Other Emergency Contacts: _____ Phone # _____
(Emergency contact should be someone other than the owner(s) of the pet)

We collect, use, and disclose the information on this page for which it was intended in clinic.