

**Client/Patient Information**

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse or Co-Owner: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

If someone referred you, please provide their name, so we can thank them: \_\_\_\_\_

Names and ages of children living at home: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male Female Spayed/Neutered Unaltered Age when spayed/neutered: \_\_\_\_\_

Colour/Markings: \_\_\_\_\_

Pet Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Previous medical conditions: \_\_\_\_\_

Previous Vet hospital where records can be obtained: \_\_\_\_\_

Are there any other pets in your household : Yes No

I agree to let Martin Veterinary Hospital P.C. take photos of my pet and use them on social media. Yes No

Full payment is required at the time services are provided. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. By signing below, I am requested that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

*Veronica R. Ancavil S.*

Signature

Date

## PERSONAL INFORMATION POLICY CONSENT FORM

I understand that Martin Veterinary Hospital P.C. has a Personal Information Policy in accordance with the requirements of the *Personal Information Protection and Electronics Documents Act*.

By signing below, I am consenting to the collection, use and disclosure of my personal information (such as my telephone numbers 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 used 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.

Please indicate below the **names, phone numbers and email addresses** of people we may disclose any information to regarding your pet

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Signature: Veronica R. Ancaril S. Date: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_