Clearwater Animal Hospital

Dr. M. Jammu, Dr. S. Gill & Associates

Caring People Caring For Pets

Thank you for giving Clearwater Animal Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please take a moment to complete the following:

FIRST NAME _____ LAST NAME _____ SPOUSES/PARTNERS NAME _____

ADDRESS _____ CITY _____ POSTAL CODE _____

PRIMARY NUMBER _____ SECONDARY NUMBER _____ EMPLOYER _____ WORK NUMBER _____ EXT.

SPOUSE/PARTNERS EMPLOYER _____ WORK NUMBER _____ EXT. EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ EMERGENCY NUMBER _____

**************ALL FEES ARE DUE AT THE TIME OF SERVICE**************

WE ACCEPT CASH DEBIT VISA & MASTERCARD

We would like to know which of our marketing activities you may have been exposed to, PLEASE CHECK ALL THAT APPLY:

[ ] Drove by/Live in Area [ ] Yellow Pages **- Book** [ ] Yellow Pages **- Online** [ ] Yellow Pages **– Mobile App**

[ ] Flyer / Postcard [ ] Our Website [ ] Facebook [ ] Google / Google + [ ] Yelp [ ] Twitter

[ ] Friend/Relative_____ [ ] Previous Client [ ] Windsor Star [ ] YouTube

[ ] Windsor Fire Department Safety Board

PATIENT INFORMATION:

	Pet 1	Pet 2	Pet 3
PET'S NAME			
DATE OF BIRTH			
BREED			
COLOR			
SEX	[ ]Female [ ]Male	[ ]Female [ ]Male	[ ]Female [ ]Male
SPAYED/NEUTERED	[ ]Yes [ ]No	[ ]Yes [ ]No	[ ]Yes [ ]No

Any previous illnesses or major surgeries**?**_____

Any known allergies to vaccinations/medications?_____ Is your pet on any medication ?_____

Previous Hospital Name**:** _____ I give consent to have the records transferred **[ ] Yes [ ] No**

Signature: _____ Date: _____

☐ I authorize WVPC to send me promotional offers, newsletters & reminders via email or text message.

☐ I Authorize WVPC to release my pet's name and image to be used in print / social media or on the website of this vet practice. NO personal information will be released.