



27 Legend Court, Unit #1A, Ancaster, ON L9K 1J3  
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## New Client & Patient/Pet Form

Date: \_\_\_\_\_

### YOUR INFORMATION:

Mr.  Ms.  Mrs. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Co-owner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Alt.# ( \_\_\_\_\_ ) \_\_\_\_\_  work  cell  other

Are you a senior?  Yes  No

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

Previous Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

How did you hear about us?  Referral (who?) \_\_\_\_\_

Driving by  Yellow Pages  Website  Other \_\_\_\_\_

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

### PET INFORMATION:

Name: \_\_\_\_\_ Species:  Cat  Dog  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex:  M  F

Spayed or Neutered:  Yes  No Birth date or Age: \_\_\_\_\_

Cats Only:  Indoor  Outdoor Declawed:  Yes  No

General Character:  Friendly  Aggressive  Quiet

Microchip ID#: \_\_\_\_\_ 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. Cheques will not be accepted.**

*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.*