

NEW PATIENT FORM

Client Information

First Name	Last Name
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Street Address

City	Province	Postal Code
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Home Phone	Cell Phone	Work Phone
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Email Address

Spouse/Partner Name	Preferred Method of Contact
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Any family members with special concerns? (i.e. peanut allergies, immunocompromised, etc.)

How did you hear about us?

We occasionally send newsletters, pet health information, and announcements by email. Do you consent to receive such communications?

Yes	No
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Would you like access to our online store for purchases such as food, treats, toys, medications, etc?

Yes	No
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Patient Information

Patient Name

Species

Date of Birth

Sex

Breed

Colour

Is your pet microchipped?

Yes

No

Is your pet covered under a pet insurance plan?

Yes

No

If yes, what is your current pet insurance provider?

Diet (include any treats given regularly):

Allergies (if applicable):

Medical Conditions (if applicable):

Preferred Veterinarian:

Please note: If you are unable to submit the form using the button above, please save the form, attach it to an email, and send to info@cedarviewvet.ca