



Vetwise Animal Hospital



WELCOME TO OUR PRACTICE!

Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to share some important information that we will need to support your pet's health today and in the future. PLEASE PRINT IN ALL SPACES.

OWNER'S NAME: _____ SPOUSE/OTHER: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ HOME PHONE # : _____

CELL #: _____ SPOUSE/OTHER CELL #: _____

WORK #: _____ EMAIL ADDRESS: _____

ALTERNATE EMERGENCY CONTACT: _____ PHONE #: _____

We will gladly prepare a written estimate if you desire (please ask our Doctor). This will be important to you as **ALL PROFESSIONAL SERVICE FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we accept **VISA, M/C, AMEX, DEBIT & CASH** or can establish payment arrangement if approved in advance of the treatment.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free of internal and external parasites. The signature below authorizes this level of preventative care.

Has your pet travelled out of the Maritime Provinces? No / Yes – where? _____

Signature of Owner: _____ Date: _____

How/Why did you select us?

Cat	Dog	Pet's Name	Birthdate	Sex	Breed/Description