



09/2009

CLIENT INFORMATION FORM

**CANADA WEST VETERINARY SPECIALISTS AND
CRITICAL CARE HOSPITAL
1988 KOOTENAY STREET
VANCOUVER, B.C. V5M 4Y3**

Welcome to Canada West Veterinary Specialists and Critical Care Hospital.

Please take a moment to complete our client information form to ensure that we have all the correct information about you and your pet. PLEASE PRINT CLEARLY. This information is for hospital communication purposes only and is not provided to external marketing groups.

Today's Date: _____ Appointment Time: _____

YOUR INFORMATION: (primary contact)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ APT/SUITE #: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL CODE: _____

HOME#: (_____) _____ WORK#: (_____) _____ CELL:(_____) _____

FAX #: (_____) _____ EMAIL: _____

(Your email address is so we can email you reports or information)

SECONDARY CONTACT: (Who also has responsibility and decision-making authority for the pet)

FIRST NAME: _____ LAST NAME: _____ Relation to above: _____

HOME #: (_____) _____ WORK #: (_____) _____ CELL: (_____) _____

FAX #: (_____) _____ EMAIL: _____

PET INFORMATION:

PET'S NAME: _____ BREED: _____

AGE (DOB) : _____ SEX: _____ COLOUR: _____ SPAYED/NEUTERED?INTACT?

(Please Circle One)

Have you been to our hospital before? YES / NO With which pet(s) _____

REASON FOR YOUR VISIT TODAY (E.G. ULTRASOUND/SURGERY/CONSULTATION)

YOUR REGULAR VETERINARY HOSPITAL:

YOUR VETERINARIAN'S NAME: _____

TO WHOM HAVE YOU BEEN REFERRED? Please check (√) one

Dr. Laurence Braun	Dr. Johanna Heseltine	Dr. Terri Schiller	Dr. Karlyn Bland
Dr. Teresa Cheng	Dr. Nick Sharp	Dr. Mark Smith	Dr. Mark Lang
Dr. Trevor Enberg	Dr. Mike Higgins	Dr. Vincent Defalque	Dr. Cristi Fedryna
Dr. Susan Ford	Dr. David Francis	Dr. Greg Starrak	
Dr. Tatjana Mirkovic	Dr. Alan Kuzma	Dr. Marina Ivancic	

Professional fees are due at the time services are rendered. Surgery and hospitalization will require a deposit at the time of admittance. We gladly accept cash, debit, M/C, VISA and AMEX. *We do not accept personal or business cheques.*

Your Preferred method of payment: CASH _____ DEBIT _____ M/C _____ VISA _____ AMEX _____

Please indicate if you have one of the following: Pet Plan _____ Vetinsurance _____ Petcare _____ Medicaid _____

OFFICE USE ONLY			
RADS BROUGHT IN	<input type="checkbox"/>	CARD	<input type="checkbox"/>
RADS RETURNED	<input type="checkbox"/>	RECS FAXED	<input type="checkbox"/>
		RECORD COMPLETED	<input type="checkbox"/>