



Welcome to the General Veterinary Hospital Ltd.

Our Mission is to provide professional care with compassion.

Thank you for the opportunity to care for your pet. Please take time to fill in this form prior to your appointment.

Owner's Name: _____

Name of Spouse/Partner: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone _____ Other/Cell Phone _____

E-mail: _____

Emergency Contact name & phone #: _____

May we contact you by e-mail? Yes No

Have you ever been registered at General Veterinary Hospital before with other animals?

Yes () No () When? _____

If you are a new client, how did you come to choose our hospital:

Google/Internet search Facebook Location

Referred by: _____ Other: _____

Pet's Name: _____ Species: (dog, cat) _____

Breed: _____ Colour/Special Markings _____

Date of Birth: _____ Sex: F M Spayed/Neutered Yes No

Describe any known medical issues: _____

I permit the GVH to photograph my pets, to use and such photographs for purposes such as web content, facebook, publicity, educational marketing, advertising, etc. Agree Disagree

Signature: _____ Date: _____

Please print out this form and bring it with you to your pet's appointment.