

New Client Registration Form

Fletcher Veterinary Hospital
5-1970 Rymal Rd E, Hamilton, ON L0R 1P0
905-692-9393
Dr. Gilbert & Dr. Apollo, DVM

Owner Information

First Name: _____ Last Name: _____
Street Address: _____ Unit: _____
City: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Spouse Name: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Please note: Your privacy is important to us. All information received in all forms and through other communications is subject to our Privacy Policy.

Animal Information

Name: _____ Species: CAT DOG REPTILE POCKET PET
Age or Birthdate: _____ AVIAN OTHER: _____
Breed: _____ Colour: _____
Gender: MALE FEMALE UNKNOWN

Has your pet been spayed/neutered?	YES	NO	UNKNOWN
Does your pet have a microchip?	YES	NO	UNKNOWN
Has your pet received vaccines? (dog/cat only)	YES	NO	UNKNOWN
Has your pet been to a vet before?	YES	NO	UNKNOWN

If yes, please provide the name of the Veterinary Clinic: _____

Do we have permission to request the previous medical records? YES NO
(This allows us to have insight on your pet's previous medical condition which aids us in our examination)

How did you hear about us? Referral / Friend / Family / Website / Social Media / Walk – in / Other

I grant Fletcher Veterinary Hospital Permission to post my pet's pictures and medical story on social media:

YES NO

All payments are due at the time of services rendered.

We accept cash, debit, Visa and Mastercard.

I have read and understand the above statements and agree to all terms therein.

I, the undersigned, being 18 years of age or older, am the owner or duly authorized representative of the owner of the animal described above and am authorized to make decisions regarding its care.

Owner: _____ Date: _____