



435 Pitt Street
Cornwall, Ontario
K6J 3R3
(613) 932-4094

Client Information Sheet

Date: _____

Owner's Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Owner's Cell Phone: _____ Email Address: _____

Co-Owner's Name: _____

Co-Owner's Cell Phone: _____ Email Address: _____

In case of emergency and we are unable to reach you at the above numbers, what other person can we contact to make medical and financial decisions? (**EMERGENCY CONTACT IS REQUIRED**)

Name: _____ Phone Number: _____

Animal Name: _____ Male Neutered Female Spayed

Species: _____ Breed: _____

Age or DOB: _____ Colour: _____

Previous Veterinary Clinic: _____

I authorize my animal, as described above, to be examined by the attending veterinarian at St. Lawrence Valley Animal Hospital. I fully understand that I am responsible for paying an examination fee and additional services may be warranted, which will be discussed by the veterinarian. If requested an estimate will be provided prior to any diagnostics and/or treatments being performed.

Initial: _____

Payments can be made by cash, debit, Visa, MasterCard and American Express. We do not accept personal cheques or Discover Card.

PLEASE FILL OUT BACK OF SHEET





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Privacy

St. Lawrence Valley Animal Hospital takes your privacy seriously. Any personal information we collect is stored securely. It is only used or disclosed for the purpose of medical treatment for your pet, client communications, or at your request.

I hereby consent to the use, storage, and disclosure of my information for the purposes of providing medical treatment to my pet; Or communicating with me, my regular veterinarian, or my pet insurance provider about these treatments.

Initial: _____

Compounded Medications

Veterinarians at St. Lawrence Valley Animal Hospital may use compounded medications to provide treatment for my pet (such as changing a powder to a liquid). Due to the compounding process, the efficacy and formulation are not tested or approved by Health Canada.

I understand and accept that compounded medications are not tested or approved by Health Canada, and as such, their use may pose additional risks:

- I consent to compounded medications
- I do not consent to compounded medications
- Discuss compounded medications prior to prescribing

Initial: _____

Social Media

Here at St. Lawrence Valley Animal Hospital, we love to share stories of furry family members that visit our hospital. Let us know if you want us to share pictures or stories of your pet on our social media pages:

- I consent to picture(s) and information about my pet being shared on social media
- I do not consent to picture(s) and information about my pet being shared on social media

I understand that by completing this form, I am 18 years of age or older and am taking responsibility for the animal listed above:

Name: _____

Signature: _____

Date: _____