



# Salem Animal Hospital

1965 Salem Road N, Ajax, ON L1T 0J9

(905) 686-0364

salemanimalh@gmail.com

**New client intake form**

## Owner Information

**Owner(s)First Name(s):** \_\_\_\_\_ **Owner(s)Last Name(s) :** \_\_\_\_\_

**Phone Number :** \_\_\_\_\_ **Cellphone Number :** \_\_\_\_\_

**Address :** \_\_\_\_\_

**Town/City :** \_\_\_\_\_ **Postal Code :** \_\_\_\_\_

**Email :** \_\_\_\_\_

**Preferred method of communication? :** Phone \_\_\_\_\_ Email \_\_\_\_\_

**Known allergies (Owner) :** \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_ **Phone Number :** \_\_\_\_\_

## Pet Information

**Name :** \_\_\_\_\_ **Species :** Dog \_\_\_\_\_ Cat \_\_\_\_\_ **Gender :** Male \_\_\_\_\_ Female \_\_\_\_\_

**Breed :** \_\_\_\_\_ **Is your pet spayed or neutered? :** Yes \_\_\_\_\_ No \_\_\_\_\_

**Age/Birthday (If known):** \_\_\_\_\_ **Colour :** \_\_\_\_\_

**Is your pet microchipped? :** Yes (Please provide microchip number) : \_\_\_\_\_ No \_\_\_\_\_

**Known allergies (Pet) :** \_\_\_\_\_

**Insurance (if applicable):** \_\_\_\_\_ **Policy Number :** \_\_\_\_\_

**Previous vet:** \_\_\_\_\_

**Can we contact them for records? :** Yes \_\_\_\_\_ No \_\_\_\_\_

## Authorization and consent

I understand that Salem Animal Hospital has a Personal Information Policy following the requirements of the Personal Information and Electronic Documents Act.

By signing this form, I consent to the collection, use, and disclosure of my personal information (such as my home telephone number, address, and pet's medical information) Following the purpose set out in the policy, which includes the following:

- Maintaining complete and accurate client files and complying with the requirements of the College of Veterinarians of Ontario, the Veterinarians Act, and regulations under the act.
- Providing goods and services to veterinary clients, including contacting clients to follow up on patient treatment and billing for goods.
- Communication and working with third parties providing veterinary medicine or other services to clients, including other veterinary facilities and insurance companies which may pay for all or part of the cost of such services.
- Giving consent for photos of yourself and/or your pet to be posted on our social media sites.

I understand that my personal information will not be used or disclosed for purposes other than those for which it was collected, except with my consent, or except where use or disclosure is required by law.

By signing below I verify that I am the owner (or agent acting on behalf of the owner) of the animal identified above. I am 18 years of age or older and I have the authority to sign any authorizations for this pet.

**Payment for all services is due at the time they are rendered. We accept Visa, MasterCard, Debit, and Cash.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_