



Dr. Scott Bainbridge Dr. Scott Mathison Dr. Paula Fisher
 Queen West Animal Hospital, 923 Queen Street West, Toronto, ON M6J 1G5
 Tel: (416) 815-8387 Fax: (416) 815-8386 www.queenwestvets.com
 Hours M-F: 8-7, Sat 8-2 **After Hours Emergencies:** (416) 920-2002

CLIENT REGISTRATION

Thank you for choosing Queen West Animal Hospital

Client Name (last, first): ↓	
Street Address: ↓	Apt: ↓
City: ↓	Postal Code: ↓
Home Phone (include area codes): ↓	
Business Phone: ↓	Ext: ↓
Cell Phone: ↓	Pager: ↓
Email Address: ↓	

Partner's Name (last, first): ↓	
Partner's Business Phone: ↓	Ext: ↓
Partner's Cell Phone: ↓	Pager: ↓
Emergency Contact: ↓ (other than owner or Partner)	
Emergency Contact Phone: ↓	
How would you like to receive vaccine and exam reminders? <input type="checkbox"/> Email <input type="checkbox"/> Post	

Pet's Name: ↓	Birthdate: ↓	Previous Medical Problems: ↓
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Rabbit <input type="checkbox"/> Other: _____		_____
Breed: ↓	Colour: ↓	Current Medications: ↓
Sex: ↓	Neutered/Spayed?	_____
Last Vaccine Date: ↓	Previous Veterinarian: ↓	Pet Insurance Company: ↓ Policy Number: ↓
Microchip #: ↓	_____	Personality: ↓

Professional fees are due at time services are rendered.
We accept: Cash, VISA, MasterCard and Interac. We regret that we do not accept cheques.

I hereby authorize Queen West Animal Hospital to examine, treat, prescribe for, or perform surgery upon the above described pet. I also consent to the administration of anesthetics as are necessary. Furthermore, I agree to pay fees for services that are rendered at the time the pet is discharged from the clinic or when service is otherwise terminated. Queen West Animal Hospital will notify the owner of the date of which the animal is to be released from the hospital. It is then the owner's or an authorized agent of the owner's responsibility to pay all accrued charges for the animal at the time of release. After fourteen (14) days, if there is no contact with the owner, the animal will be considered abandoned.

Signature of Owner or Responsible Agent: _____ **Date:** _____

How did you hear about us? <input type="radio"/> Walking by <input type="radio"/> Driving by <input type="radio"/> Yellow pages <input type="radio"/> Website <input type="radio"/> Flyer <input type="radio"/> Individual
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Please read and sign our Personal Information Policy on page two of this form.

For office use only: Client ID _____



Personal Information Policy

Consent Form

I understand that Queen West Animal Hospital has a Personal Information Policy in accordance with the requirements of the *Personal Information Protection and Electronic Document Act*.

By signing below, I am consenting to the collection, use and disclosure of my personal information (such as my home telephone number and address) in accordance with the purposes set out in the Policy, which include the following:

- i) 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;
- ii) providing goods and services to veterinary clients, including contacting clients to schedule appointments and follow up on patient treatment, billing for goods and services and notifying clients about new services and promotional offers; and
- iii) communicating and working with third parties providing veterinary medical 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.

I understand that:

- i) 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;
- ii) I have the right to view my personal information and have it amended, if inaccurate or incomplete; and
- iii) a copy of the Policy will be provided on request.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____