

PIPER CREEK VETERINARY CLINIC

NEW PATIENT FORM

OWNERS NAME: _____

MAILING ADDRESS: _____ CITY: _____ PROV: _____

POSTAL CODE: _____ PHONE NUMBER (HOME): _____ CELL: _____

WORK: _____ OWNERS EMAIL ADDRESS: _____

EMERGENCY CONTACT (S): _____ CONTACT # _____

PETS NAME: _____ COLOR: _____

BREED: _____ BIRTHDATE: _____ SEX: _____ FIXED : _____

CO-OWNER (or spouse): _____

MAILING ADDRESS: _____ CITY _____ PROV: _____ POSTAL CODE: _____

PHONE NUMBER (HOME) _____ CELL: _____

WORK: _____

CO - OWNERS EMAIL ADDRESS: _____

OTHER PET:

NAME: _____ COLOR: _____

BREED: _____ BIRTHDATE: _____ SEX: _____ FIXED: _____

PLEASE LIST NAME(S) OF PERSON(S) AUTHORIZED TO PICK UP YOUR PET: _____

IS THERE ANYONE WE CAN THANK FOR RECOMMENDING OUR CLINIC? _____

PLEASE READ AND SIGN: PAYMENT MUST BE MADE WHEN SERVICES ARE RENDERED OR WHEN YOUR PET IS PICKED UP. ACCEPTED METHODS OF PAYMENT ARE CASH, DEBIT, VISA AND MASTERCARD. IF YOU ARE UNABLE TO MAKE FULL PAYMENT AT THE TIME OF PICK UP, WE RESERVE THE RIGHT TO HOLD YOUR ANIMAL UNTIL FULL PAYMENT IS MADE.

WE RESPECT YOUR RIGHT TO PRIVACY AND WILL NOT COLECT, USE OR DISCLOSE ANY INFORMATION REGARDING YOU OR YOUR PET WITHOUT YOUR CONSENT. ANY INFORMATION WE OBTAIN FROM YOU IS USED TO PROVIDE A HIGH QUALITY OF VETERINARY CARE. IN ALL CASES WE WILL ONLY DISCLOSE INFORMATION ABOUT YOU IN CIRCUMSTANCES WHERE WE BELIEVE IT WILL BE BENEFICIAL TO THE CONTINUED GOOD HEALTH OF YOUR PET. PLEASE MARK THE APPROPRIATE STATEMENT BELOW.

I HEREBY CONSENT TO PIPER CREEK VETERINARY CLINIC COLECTING, USING AND DISCLOSING PERSONAL INFORMATION ABOUT ME AND MY PET.

I PREFER THAT PIPER CREEK VETERINARY CLINIC NOT COLLECT, USE OR DISCLOSE PERSONAL INFORMATION ABOUT ME AND MY PET.

SIGNATURE: _____ DATE: _____