

Dr. Gary J. Arzem, D.V.M  
& Associates.



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# Welcome

Welcome to North Yonge Veterinary Hospital. Thank you for choosing us for your pet care needs.  
So that we may provide the most comprehensive care for your pet, please complete this data sheet.

Mr.  Mrs.  Ms.  Miss.  Dr.

Name \_\_\_\_\_ Spouse/other name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

If needed, can we call you at work?  Yes  No

Who will be responsible for authorizing procedures and/or paying for services? \_\_\_\_\_

Pet's Name \_\_\_\_\_  Dog  Cat  Other

Breed \_\_\_\_\_ Colour \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex:  Male  Female  Spayed/Neutered

Date of last vaccination: \_\_\_\_\_ (If available, please show receptionist the certificate)

Previous Veterinarian? Yes  No  Name of Clinic or Dr. \_\_\_\_\_

On a scale of 1 to 5, to what extent do you regard your pet as a family member?  1  2  3  4  5  
low high

Where did you get your pet? _____
How long have you owned your pet? _____
What food does your pet eat? _____
Is your pet fed any table scraps (people food)? <input type="checkbox"/> Yes <input type="checkbox"/> No
How much time does your pet spend outdoors in an average week? _____
Where does your pet sleep? _____
Do you have children in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No What age? _____
If your pet is not spayed/neutered, do you plan to have it done? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to breed your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No
What prior illnesses or injuries has your pet had? _____
Does your pet have any drug allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you medicated your pet recently? (include over-the-counter drugs) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state medications: _____
Do you take your pet with you on vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you ever need to board your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please Turn Over ➡

Does your pet spend time in forested areas or cottage country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your pet on a preventive program for controlling external parasites (fleas, ticks and mites)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your pet on a preventive program for controlling internal parasites (heartworm, roundworm, hookworm, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your pet spend long periods of time alone during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your pet been microchipped or tattooed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand the health benefits and life extending effects of providing proper dental care for pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have veterinary pet insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check any of the following that are of concern to you regarding your pet's behaviour/health:

- |  |  |
|--|--|
| <input type="checkbox"/> excessive barking             | <input type="checkbox"/> straying from home  |
| <input type="checkbox"/> house breaking                | <input type="checkbox"/> itching/scratching  |
| <input type="checkbox"/> wetting/spraying in the house | <input type="checkbox"/> overly rambunctious |
| <input type="checkbox"/> problems around children      | <input type="checkbox"/> biting              |
| <input type="checkbox"/> shedding                      | <input type="checkbox"/> clawing or digging  |
| <input type="checkbox"/> jumping                       | <input type="checkbox"/> bad breath          |
| <input type="checkbox"/> other _____                   |  |

Do you have more than one pet? If so, please list all other pets below:

Name	M/F	Breed	Age	Last Exam
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about us?

- |  |  |
|--|--|
| <input type="checkbox"/> Yellow Pages (Print)    | <input type="checkbox"/> Client (whom shall we thank?) _____ |
| <input type="checkbox"/> Yellow Pages (Internet) |  |
| <input type="checkbox"/> Clinic Sign             | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Website / Internet      |  |

FEES ARE DUE AT TIME OF SERVICE.

For your convenience, we accept Cash, Interac, Visa & Mastercard. **Sorry, we do not accept cheques**

For the safety of all pets and people, please keep your pet restrained with a leash or carrier at all times. THANK YOU.

**We would be happy to give you a tour of the hospital.** PLEASE ASK THE RECEPTIONIST.

Office Use Only:
Date: _____
Initials: _____