

Dr. Gary J. Arzem
Dr. Sarah Hansford



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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 _____

Species _____

Breed _____ Colour _____

Date of Birth _____ Sex: Male Female Spayed/Neutered

Date of Last Exam _____

Previous Veterinarian? Yes No Name of Clinic or Dr. _____

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?) Yes 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? Yes No What age? _____

If your pet is not spayed/neutered, do you plan to have it done? Yes No

Do you plan to breed your pet? Yes No

What prior illnesses or injuries has your pet had? _____

Does your pet have any drug allergies? _____

Have you medicated your pet recently? (include over-the-counter drugs) Yes No

If yes, state medications: _____

Do you take your pet with you on vacation? Yes No

Will you ever need to board your pet? Yes No

Does your pet spend long periods of time alone during the day? Yes 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 preventative program for controlling external parasites (fleas, ticks and mites)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your pet on a preventative program for controlling internal parasites (heartworm, roundworm, hookworm, etc.)?	<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 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"/> Aggression | |
| <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"/> Clinic Sign | |
| <input type="checkbox"/> Website/Internet | <input type="checkbox"/> Client (whom shall we thank?) _____ |
| <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) | |
| <input type="checkbox"/> Yellow Pages (Print) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Yellow Pages (Internet) | |

FEES ARE DUE AT TIME OF SERVICE.

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

For the safety of all pets and people, please keep your pet restrained with a carrier or a cage 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: _____
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