

Dr. Gary J. Arzem  
Dr. Sarah Hansford



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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  Unknown

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

Where is your pet's cage located? \_\_\_\_\_

Approx. how large is your cage? \_\_\_\_\_

Does your pet spend time outside its cage?  Yes  No

If yes, how long each day? \_\_\_\_\_

Does your pet spend time outdoors?  Yes  No

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: \_\_\_\_\_

Please Turn Over ➡

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
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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Shedding       | <input type="checkbox"/> Itching/scratching  |
| <input type="checkbox"/> Grinding teeth | <input type="checkbox"/> Overly rambunctious |
| <input type="checkbox"/> Biting         | <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"/> Client (whom shall we thank?) _____ |
| <input type="checkbox"/> Website/Internet                       |  |
| <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Yellow Pages (Print)                   |  |
| <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: _____