

Dr. Gary J. Arzem  
Dr. Sarah Hansford



17725 Yonge St. Unit 18, Newmarket, ON L3Y 7C1 • 905-830-0437 • 905-830-0217 (fax) • www.northyongevet.com

## 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  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? \_\_\_\_\_

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

Please Turn Over ➡

Will you ever need to board your pet?

Yes  No

Does your pet spend long periods of time alone during the day?

Yes  No

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

- Screeching
- Loose stool
- Biting
- Plucking
- Other \_\_\_\_\_
- Itching/scratching
- Overly rambunctious
- Aggression

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?

- Clinic Sign
- Website/Internet
- Social Media (Facebook, Twitter, etc.)
- Yellow Pages (Print)
- Yellow Pages (Internet)
- Client (whom shall we thank?) \_\_\_\_\_
- Other \_\_\_\_\_

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: \_\_\_\_\_