

Welcome to Admirals Walk Pet Hospital

Primary Owner

First: _____ Last: _____
Street Address _____ Unit # _____
City _____ Province _____ Postal Code _____
Phone Number HOME: _____ CELL: _____ Alternative: _____

Preferred Contact Method Email Phone

Secondary Owner

First: _____ Last: _____
Phone Number: _____

Preferred Contact Method Email Phone

Primary Email: _____

[We use email communication to send appointment and medication reminders, clinic updates, etc.](#)

Your Pet's Name: _____ **Date of Birth Or Approximate Age:** _____

Is your pet a: DOG CAT **Is your cat:** Indoor Outdoor Indoor/Outdoor

Is your dog or cat a: Spayed Female Neutered Male Female Male

Breed: _____ **Colour:** _____ **Up to date on Vaccines?** Yes No Unsure

Does your pet have health insurance? Yes No **Company/Policy Number:** _____

Does your pet have allergies or a history of major health problems? _____

Does your pet receive any CBD products (and dosage if known)? _____

Does your pet receive any other supplements? _____

Do we have authorization to take photos of your pet during appointments and use them on our social media pages? (we will not post identifying information other than the pets name and reason for visit) Yes No

Name of previous clinic: _____ **Do we have authorization to request records?** Yes No

How did you hear about us: Google Website Friend Live in area Facebook Other: _____

By signing this form, I hereby authorize Admirals Walk Pet Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit may be required before diagnostics and treatments can be initiated, and that payment in full is required prior to the discharge of the patient from Admirals Walk Pet Hospital.

Appointment Policy

Please show up for your appointment 5 minutes early. If you arrive late for your appointment, your time spent with the doctor will be shortened. If you are more than 15 minutes late, your appointment will need to be rescheduled. If you do not show up for your appointment, you will be charged a deposit (cost of an exam) to rebook. If you book two pets, you will be required to leave a deposit of \$123.00 (the cost of one consult fee). If you need to cancel an appointment, please give **24-48 hours' notice**. If you are unable to give notice due to an emergency, your deposit will be kept and used towards a later appointment date.

Owner's or Representative's signature: _____ **Date:** _____