

## **SOUTHWOOD VETERINARY HOSPITAL**

Welcome to the Southwood Veterinary Hospital! Please take a moment to fill out the following information for our records. This form, along with the other documentation regarding you and your pet(s), will be kept confidential according to the Personal Information Protection and Electronic Documents Act.

Name of Owner(s): \_\_\_\_\_

**(As the owner you must be able to sign for your pet's Veterinary Care and therefore must be over 18 years of age)**

Address: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Please Circle: Home Cell Work

Alternate Number #1: \_\_\_\_\_ Please Circle: Home Cell Work

Alternate Number #2: \_\_\_\_\_ Please Circle: Home Cell Work

Your email address: \_\_\_\_\_

Referred By (Whom may we thank?): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

(In the event we cannot contact you, does this contact have authorization for your pet's medical treatment and veterinary care? **YES ( ) NO ( )**)

CLIENT AUTHORIZATION: I, the undersigned, owner of the admitted patient, hereby authorize Southwood Veterinary Hospital and whomever they may designate as their assistants to administer such treatments and procedures as are therapeutically and/or diagnostically necessary as indicated by findings during medical evaluation. All treatments will be discussed prior to procedures being administered unless deemed a life saving procedure. I hereby certify that I have read and fully understand the above AUTHORIZATION FOR MEDICAL TREATMENT. I also certify that no guarantee or assurance has been made regarding the results that may be obtained. Further, I

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Canine ( ) Feline ( ) Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: Male ( ) Female ( ) Neutered/Spayed? Yes ( ) No ( )

Name of Previous Clinic/Veterinarian: \_\_\_\_\_

Do we have your permission to contact the above to obtain your pet's medical record? **YES ( ) NO ( )**

assume financial responsibility for all charges incurred to patient. I understand Southwood Veterinary Hospital does not accept cheques. Visa, MasterCard, Interac and cash are welcome. I also authorize Southwood Veterinary Hospital, its Veterinarians and associates to access my personal information and pet's medical history. I understand any release of this information requires my signature and personal authorization, with the exception of an emergency situation that threatens the life, health or security of an individual and/or their pet(s) or communication between the Southwood Veterinary Hospital and an Animal Authority Association (Humane Society, Animal Services, The Society of Prevention of Cruelty to Animals). A copy of the Southwood Veterinary Hospital Privacy Policies and Procedures is available for my review at any time.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED CLIENT

\_\_\_\_\_  
DATE