

Welcome To Our Practice!

Thank you for choosing the **Bedford Highway Veterinary Hospital!**
Please take a few moments to share some important information to help us better care for you and your pet(s) today and in the future.

Date: _____

Your Name: _____ Spouse/Other: _____
 Address: _____ Apt # _____
 City: _____ Postal Code: _____
 Home Phone: _____ Work: _____ Cell: _____
 Spouse's Work: _____ Cell: _____
 E-mail Address (We require client consent, valid for 2 years, in order to send informative email): _____

Please fill out the following chart with information on your current pets.

| Name: | Dog, Cat or Other? | Breed: Ex. Short/Long Haired? Siamese? | Age/Birth date: | Sex: | Spayed/Neutered ? | Colour: |
|-------|--------------------|---|-----------------|------|-------------------|---------|
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How did you learn of our hospital?

Friend/Relative that we may thank for your referral? _____
 Yellow Pages phone book
 Yellowpages.ca
 Signage
 Google
 Other (please specify) _____

Is your pet microchipped? YES NO

Do you have pet insurance? (if yes please state which company)

Do you need files transferred from another hospital? _____

If yes, please specify: _____

PLEASE NOTE: All professional fees are due at the time services are rendered.
 We accept CASH, DEBIT, VISA, MASTERCARD, and AMERICAN EXPRESS.
Sorry, we do not accept cheques.