

Date \_\_\_\_\_

## OWNER/PATIENT INFORMATION

Dr. Orser and staff of Alouette Animal hospital would like to welcome you to our facility. We thank you for choosing us to meet your pet's special health care needs, and look forward to serving you in the future.

To allow us to provide the best service we ask that you take a few minutes to fill out the following information sheet.

Owner's Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(LAST) (FIRST) (SPOUSE)

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Referred By: \_\_\_\_\_

### FIRST PET

Name \_\_\_\_\_ Sex \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Bird \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Birthdate \_\_\_\_\_

Color \_\_\_\_\_ Unusual Markings \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_

Any known drug allergies \_\_\_\_\_

### SECOND PET

Name \_\_\_\_\_ Sex \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Bird \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Birthdate \_\_\_\_\_

Color \_\_\_\_\_ Unusual Markings \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_

Any known drug allergies \_\_\_\_\_

*In order to minimize the cost of medical services, we ask that accounts be paid in full at the conclusion of the office visit or hospital stay. We appreciate your co-operation in this effort.*

**SEE REVERSE**

**PAYMENT POLICY**

In order to minimize the cost of medical services, we ask that all accounts be paid in full at the conclusion of the office visit or hospital stay. We accept **Cash, Visa, Mastercard, or Debit Card. We do not accept cheques unless special arrangements have been made\***.

Please be assured that all client information is kept strictly confidential.

Driver's Licence # \_\_\_\_\_

Visa or M/C # \_\_\_\_\_ exp. \_\_\_\_\_

\*I understand that there is a \$15.00 charge if my cheque is returned. Should my cheque be returned, I understand I will be contacted and have 7 working days to replace it or else I will deem to have authorized payment by Visa or Mastercard.

I also authorize the use of my Visa or Mastercard to pay any outstanding balance on my account after 90 days unless other payment arrangements have been made. In situations where I have authorized the use of my credit card by phone, my signature below approves the use of the card by phone.

I have read and understood the above mentioned payment options.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date