



100 Dundas St. East, C8
Waterdown, ON L9H 0C2
(905) 689-2000



OWNER INFORMATION (Please Print)

First Name: _____ Last Name: _____ Email: _____
Address: _____ City: _____ Postal Code: _____
Home #: _____ Work #: _____ Cell #: _____

How did you hear about Royal Veterinary Hospital? _____

Emergency Contact Information

First Name: _____ Last Name: _____ Email: _____
Home# _____ Work# _____ Cell #: _____

PET INFORMATION (Please Print)

Name: _____ DOB/Age: _____ Cat Dog Other
Breed: _____ Colour: _____ Weight: _____ lbs
Male Female Spayed/Neutered? Yes No Unknown Microchipped? Yes No
If yes, #: _____

Has your pet been known to bite? Yes No Unknown

PET'S HEALTH, NUTRITION AND ENVIRONMENT

Does your pet have any medication or environmental allergies? Yes No If yes, to what? _____
Current medications or supplements? Yes No If yes, which? _____
Is your pet covered by pet insurance? Yes No
Food _____ Amount/Frequency _____ Treats _____
People food Yes No _____%
Describe your pet's environment: City Country Indoor _____% Outdoor _____%

Please check that apply. My pet: Visits Groomer Visits Dog Park Goes Boarding
Hunts mice/birds Goes Hiking Goes Camping
Drinks from Puddles/Streams Contacts Wildlife Travels Outside of Canada
Exposed to Mosquito's Exposed to other Pets

Do you have other pets? Yes No Description(s): _____

Previous Veterinary Clinic: _____

Do we have permission to obtain your pet's previous records? Yes No If yes, please initial _____

Photo Consent: We love social media! Do we have your permission to share your pet's image and story on social media, our website & other forms of related media? Your name and personal information will never be shared!

YES I authorize RVH to share my pet's photo & Story NO I do not authorize this

Signature: _____

Date: _____

Payment is due when services rendered. Accepted methods of payment are Cash, Direct Debit, VISA & MasterCard.

Thank you for choosing Royal Veterinary Hospital!