

Welcome



Burloak Animal Hospital
We Look forward to Growing with You & Your Pet!

YOUR INFO

LAST NAME _____ FIRST NAME _____ SPOUSE NAME _____
ADDRESS _____ APT # _____ CITY _____ POSTAL _____

CONTACT INFO

BEST TIME TO CALL

HOME _____ EMAIL _____
CELL _____
WORK _____
PLACE OF EMPLOYMENT _____ OCCUPATION _____

How Would You Prefer that We Contact You For:

for Discussions? HOME CELL WORK EMAIL TEXT BBM
for Reminders? HOME CELL WORK EMAIL TEXT BBM

SECONDARY CONTACT INFO

LAST NAME _____ FIRST NAME _____
ADDRESS _____ APT # _____ CITY _____ POSTAL _____

Relationship To Main Contact: SPOUSE/PARTNER RELATIVE OTHER _____

Can We Discuss Your Pet's Medical Records with This Person (if Needed) YES NO

CONTACT INFO

BEST TIME TO CALL

HOME _____ EMAIL _____
CELL _____
WORK _____
PLACE OF EMPLOYMENT _____ OCCUPATION _____

Preferred Contact Method HOME CELL WORK EMAIL TEXT BBM

EMERGENCY CONTACT INFO

Please provide a name of someone that we have permission to contact if we are unable to contact you.

NAME _____ RELATIONSHIP _____
HOME # _____ CELL / OTHER # _____

PLEASE LET US KNOW

How did you hear about us? _____
How did you find our Phone Number? _____

Please complete other side

OFFICE:	<input type="checkbox"/> NEW CONTACT INFO ENTERED	<input type="checkbox"/> VACCINES ENTERED	<input type="checkbox"/> MICROCHIP ENTERED	<input type="checkbox"/> TRANSFER FORM SENT	<input type="checkbox"/> FILE TO BE PUT IN "WAITING" UNTIL MED RECORDS IN	<input type="checkbox"/> WEL. EMAIL SENT	<input type="checkbox"/> RELEVANT INFO ENTERED INTO CLIENT NOTES
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MALE FEMALE

IS YOUR PET SPAYED/NEUTERED? YES NO IF YES, AT WHAT AGE? _____

SPECIES _____ BREED _____ AGE _____ DATE OF BIRTH _____

COLOUR _____ MARKINGS _____ MICROCHIP # _____

YOUR PET'S MEDICAL DATA

DOES YOUR PET HAVE INSURANCE? YES NO

Please provide us with the details so that we can send your insurance Invoices in for you.

INSURANCE COMPANY _____ POLICY # _____

HISTORY:

Please advise us of your current /previous Veterinarian? _____
NAME CITY

When was Your Last Veterinary Visit? _____

Let us 1 thing that you really liked about your previous veterinarian _____

GROOMING:

Where do you currently take your pet for grooming? _____

Are you interested in having our groomer contact you? _____

LET'S GET SOCIAL!

MANAGE YOUR PET'S HEALTH ONLINE THROUGH OUR WEBSITE! www.vetpet.com



- SEARCH OUR PET HEALTH LIBRARY
- REVIEW YOUR PET'S VACCINE AND WELLNESS EXAM DUE DATES & REQUEST MEDICATION

ORDER YOUR PET'S PRODUCTS ONLINE AT ANY TIME OF THE DAY & HAVE THEM DELIVERED (HOME OR WORK)



- MANY PET FOODS** (INCLUDING THOSE SOLD AT PET STORES AND ALL AT VERY COMPETITIVE PRICES)
- TOYS & TREATS, LEASHES, COLLARS AND SHAMPOOS**

FRIEND US ON FACEBOOK!



Keep up to date on current events, join our conversations or share pictures. We love hearing from you! Join our Twitter account at BurloakVet and Tweet that you are here right now!

By signing below, I am confirming that the information that I have completed on this welcome form is accurate and that I have read Burloak Animal Hospital's Privacy Statement that is supplied with this form and know that I can request a copy of it at any time.

PRINT NAME: _____

SIGNATURE _____

DATE _____

Thank you for allowing us to assist and share the wonderful and unique journey that is pet ownership.

Burloak Animal Hospital

PRIVACY STATEMENT

Burloak Animal Hospital agrees that all client and practice related information provided will be kept confidential, and will only be used for the purpose for which it was provided.

In order to enable us to provide you with continuous service we have collected personal information from you for such purposes as billing, administration, payment, collection and emergency contacts. We will maintain your personal information as accurate, complete, and up to date as provided by you. We will not divulge this information to any other agencies except where required by law, collection purposes, and for circumstances that are explained below:

The purpose of the information collected is to:

1. Maintain complete and accurate client files, and comply with the requirements of the College of Veterinarians of Ontario, the Veterinarian's Act and regulations under the Act;
2. Provide goods and services to veterinary clients, including contacting clients to schedule appointments and follow up on patient treatment, invoice goods and services and notify clients about new services and promotional offers; and
3. Communicate and work with third parties providing veterinary medical or other services to clients, including other veterinary facilities, insurance companies which may pay for all or part of the cost of such service, companies providing reminder services such as emails, postcards, texting and the company that manages our online store.

Our clients have the right to view their personal information and have it amended, if inaccurate or incomplete.

Personal information will not be used or disclosed for purposes other than those for which it was collected, except with a client's consent, or except where use or disclosure is required by law.