



Date: \_\_\_\_\_

To help us get to know each other, please complete the following!

| <i>Family Information</i> |            |                           |            |            |
|---------------------------|------------|---------------------------|------------|------------|
| Guardian:                 |            | 2 <sup>nd</sup> Guardian: |            |            |
| Primary #:                |            | Secondary #:              |            |            |
| Address:                  |            |                           | City:      |            |
| Postal Code:              |            | Email:                    |            |            |
| Children:                 |            |                           |            |            |
| <i>Pet Information</i>    |            |                           |            |            |
|                           | Pet's Name | Pet's Name                | Pet's Name | Pet's Name |
| Breed                     |            |                           |            |            |
| Date of Birth             |            |                           |            |            |
| Colour                    |            |                           |            |            |
| Gender                    |            |                           |            |            |
| Spayed/Neutered?          |            |                           |            |            |
| Microchipped?             |            |                           |            |            |

Name of Previous Animal Hospital: \_\_\_\_\_

**How did you become aware of our animal hospital?**

- Internet  
  Newspaper  
  Yellow Pages  
  CKLW  
  Sign Location  
 Personal Referral (Whom may we thank) \_\_\_\_\_  
 Other \_\_\_\_\_

**We send reminders and special bulletins via email. If you do not regularly check your email and prefer a phone call please check this box.**

**Who has signing authority to make decisions in the care of pet(s)?**

\_\_\_\_\_

**Would you prefer a technician to hold your pets for procedures?**  Yes    No

If answering **NO**, the undersigned acknowledges the potential risks associated with restraint of their pet while receiving Veterinary Care. Pets may behave atypically, which may result in injury to yourself or your pet. I consent to accepting the possible risks associated with my restraint. A technician may be asked to assist, at the Veterinarians judgement, for certain procedure

\_\_\_\_\_  
DATE (DD/MM/YY)

\_\_\_\_\_  
Guardian Signature

**See Reverse →**

# Personal Information Policy

## Consent Form

I understand that the Emeryville Animal Hospital has a Personal Information Policy in accordance with the requirements of the Personal Information Protection and Electronic Documents Act.

By signing below, I am consenting to the collection, use and disclosure of my personal information (such as telephone number and address) in accordance with the purposes set out in the Policy, which include the following:

- I. Maintaining complete and accurate client files, and complying with the requirements of the College of Veterinarians of Ontario, the Veterinarians Act and regulations under the Act;
- II. Providing goods and services to veterinary clients, including contacting clients to schedule appointments and follow up on patient treatment, billing for goods and services and notifying clients about new services and promotional offers.
- III. Communicating and working with third parties providing veterinary medical or other services to clients, including other veterinary facilities and insurance companies which may pay for all or part of the cost of such services.

### I understand that:

- I. My personal information will not be used or disclosed for purposes other than those for which it was collected, except where use or disclosure is required by law.
- II. I have the right to view my personal information and have it amended, if inaccurate or incomplete.
- III. A copy of the Policy will be provided on request.

## Marketing Release Form

I grant permission to Emeryville Animal Hospital, its employees and authorized representatives to take photographs and/or video of me and/or my pet(s), to copyright, use and publish my pet's story, including relevant medical history.

I agree that Emeryville Animal Hospital may use such photographs, videos or stories including me and/or my pet with or without names and for any lawful purpose, including for example such purposes as social media, publicity, advertising and other web content.

Yes, I agree

No, I do not consent

\_\_\_\_\_  
DATE (DD/MM/YY)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Guardian Name (Printed)