



PATIENT DETAILS (PET):

Please Email Form To: reception@mountainside24er.ca

Name of Pet: _____

Dog Cat Other (please specify): _____

Breed: _____ Colour: _____

Age: _____ OR Date of Birth (mm/dd/yyyy): _____

PLEASE CHECK ONE OF THE FOLLOWING:

Female Spayed Female Intact **OR** Male Neutered Male Intact

INSURANCE PROVIDER: No Yes (please specify): _____

Policy Number (if known): _____

REGULAR VETERINARY CLINIC: _____

**By listing your regular veterinary clinic, you are authorizing all medical records of treatments performed at Mountainside Animal Hospital to be sent to the party above.*

CLIENT DETAILS (OWNER):

First Name: _____ Last Name: _____

Mobile: _____ Landline: _____

Email: _____

**An e-mail is needed to send medical records & payment information, you will not receive any spam from MAH.*

Unit #: _____ Address: _____

City: _____ Postal Code: _____

SECONDARY CONTACT (friend or family member that may bring the animal in):

First Name: _____ Last Name: _____

Phone Number: _____

**By listing the party above, you are authorizing them to make medical / financial decisions for the patient.*

I hereby grant permission to Mountainside Animal Hospital to potentially use my pet's photo and story for posting on social media and printed materials. I acknowledge that no personal or private details will be released.

Yes, you **may take photos** of my pet No, please **do not take photos** of my pet

How did you hear about us? _____

Signature: _____ Date: _____