

CANAL VETERINARY HOSPITAL

EST. 1982



Date _____

Owner _____
Last First Middle Initial

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

Fax # _____ Work Phone _____

Occupation _____ Employer _____

Driver's License # _____

Spouse _____ Cell Phone _____

Employer _____ Work Phone _____

How Did You Become Aware of Our Hospital?

___ Yellow Pages ___ Hospital Sign ___ Newspaper

___ Personal Recommendation...

Whom May We Thank? _____

SO THAT WE ARE ABLE TO SUIT YOUR INDIVIDUAL NEEDS – WHICH DO YOU FEEL APPLIES TO YOU THE MOST?

Check One:

1. ___ I want the best medical care available for my pet; Please recommend anything you believe is necessary for good health.
2. ___ I want good medical care for my pet, but there is a limit to what I am able to have done
3. ___ I want you to perform only the services that I request.

Check One:

1. ___ I want to learn as much as I can about pet health care. Please explain in detail what has been done for my pet or what is needed.
2. ___ I would prefer you just summarize what has been done for my pet or what is needed.
3. ___ I want my pet healthy, but don't need to know what has been done.

Check here to allow Canal Veterinary Hospital to use, reuse, publish and broadcast in any and all media your name and any photographs or video footage taken of your pet.