

Village Animal Clinic

6060 Highway #7 East, Markham, Ontario L3P 3A9 (905) 294-9395

OWNER INFORMATION:

Name: _____

Address: _____

_____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Would you like to be included in our monthly electronic newsletter? yes no

How did you hear about us? _____

ANIMAL INFORMATION:

Name: _____ Breed: _____

Colour: _____ Date of Birth: _____

Sex: male neutered female spayed

Date of Last Vaccinations: _____

Previous Veterinary Clinic: _____

I give permission for my pet's previous records to be sent to Village Animal Clinic.

Client Signature

Do you have any other pets? (please list species, name and age)

Welcome to our clinic. Thank you for taking the time to fill out this form. The doctor will be with you momentarily. **Please note that payment is due when services are rendered. We gladly accept cash, debit, Visa and MasterCard payments.**

Village Animal Clinic...because pets are for life!