



**TDVG**

*Thank you for giving us the opportunity to care for your pets.  
So that we may become better acquainted, please complete the following.*

**CLIENT INFORMATION**

Owner(s) \_\_\_\_\_ Home Phone \_\_\_\_\_  
 \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Email(s) \_\_\_\_\_  
 City/ Prov / PC \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 City/ Prov / PC \_\_\_\_\_ Email \_\_\_\_\_

Permissions:  Medical decisions  Financial decisions  ALL

**Please enrol my e-mail to receive reminders, invoices, promotions and our newsletter.  Yes  No**

**Please use my phone number to receive updates and information via text message.  Yes  No**

**I give my permission to have a photo of my pet(s) featured on the TDVG social media pages with a brief story of their history.  Yes  No**

**PATIENT INFORMATION**

	Pet one	Pet two	Pet three
Name			
Species			
Breed			
Date of Birth / Age			
Sex / Spayed or Neutered			
Vaccination History			

**All payments are due at the time of services rendered.**

I understand that the fees are based on treatment deemed necessary at the time of examination, treatment or admission and that the estimate fee may be raised or lowered by the administration of treatment, medication, surgery or diagnostic test.

We accept cash, check and all major credit cards.

Signature \_\_\_\_\_ Date \_\_\_\_\_