



## Westmount Neighbourhood Pet Clinic

851 Wonderland Road South  
London, Ontario N6K 4T2  
P . 519.649.0080  
F . 519.474.0726

# Client Form

### Main Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ x \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of communication:  Home Phone  Work Phone  Mobile Phone  Email

### Secondary/Emergency Contact

Name: \_\_\_\_\_

Relationship to main contact:  Spouse  Relative  Other (please specify): \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ x \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of communication:  Home Phone  Work Phone  Mobile Phone  Email

### How did you learn about Westmount Neighbourhood Pet Clinic?

- Our Website  Web Search  Yellow Pages  Social Media  SNAP Newspaper  
 Radio Ad  Post Card  Bench Sign  Plaza Signage  Road Sign  
 Mom & Caregiver Magazine  Referral from: \_\_\_\_\_

### How did you find our phone number (if appropriate) ?

- Our Website  Web Search  Yellow Pages  Business Card  Bench Sign  
 Other (please specify): \_\_\_\_\_





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# Patient Form

Pet's Name: \_\_\_\_\_

Species:  Dog  Cat  Bird  Hamster  Guinea Pig  Gerbil  Rabbit  Pocket Pet  
 Other (please specify) \_\_\_\_\_

Breed: \_\_\_\_\_

Gender:  Male  Female      Spayed or Neutered:  Yes  No

Birth Date: \_\_\_\_\_ Approximate Age: \_\_\_\_\_

Date of most recent vaccinations: \_\_\_\_\_

Pre-existing Illness: \_\_\_\_\_  
\_\_\_\_\_

Is your family member insured?  Yes  No    Interested to learn more?  Yes  No

Pet Insurance Carrier: \_\_\_\_\_ Pet Insurance Policy #: \_\_\_\_\_

Is your family member microchipped?  Yes  No    Interested to learn more?  Yes  No

Pet Microchip #: \_\_\_\_\_

Current/Previous Veterinarian (if any): \_\_\_\_\_

Current/Previous Groomer (if any): \_\_\_\_\_

**Thank you for helping us know you and your family member better**

