



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

Owner(s) _____ Work _____ Mobile Phone _____
 _____ Employer(s) _____
 Address _____ Email Addr(s) _____
 City/Prov/PC _____
 County _____

PATIENT INFORMATION	Pet #1:	Pet #2:	Pet #3:
Name			
Breed/Color			
Date of Birth/Age			
Sex/spayed or neutered?			
Any previous serious illnesses or surgeries			
Any allergies to vaccinations or medications			
Special diets or medications			
Rabies vaccine _____			
Distemper vaccine			
Kennel cough vaccine			
Lyme disease vaccine			
Fecal (stool sample)			
Feline leukemia vaccine			
FIP vaccine			
FVRCP vaccine			
Heartworm test/prevention			

How did you become aware of our clinic? ___ Drove by ___ Yellow Pages ___ Website ___ Previous Client ___ Personal Referral (Whom may we thank?) _____
 Other _____

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with veterinary goods and services, Ottawa Valley Veterinary Professional Corporation (OVVPC) will collect some personal information about me (e.g. name, address, phone numbers etc.) I have reviewed the Ottawa Valley Veterinary Professional Corporation’s Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information.

I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction.

I understand that only if I check off the following boxes will I receive the following:

- I would like to receive notice when it is time to review whether I need new goods or services.
- I would like to receive newsletters and other informational mailings from OVVPC.
- I would like to receive notice of promotions and special offers from OVVPC.
- I would like to receive newsletters and other informational mailings and notice of promotions and special offers from other organizations that OVVPC thinks might be of interest to me.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to OVVPC collecting, using and disclosing personal information about me as set out above and in the OVVPC’s Privacy Policy.

SIGNATURE _____ DATE _____