

# ANIMAL CLINIC WEST

"A Life Better Lived"



est. 1981

Welcome to Animal Clinic West! Thank you so much for giving us the opportunity to give your pet lifelong care! To ensure the best care possible, please take the time to fill out your information fully.

## OWNER INFORMATION

Name (Primary Owner): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Methods of Contact (For clinic use only. We will not share your personal information):

TEXT MESSAGE (For appointment reminders only)

EMAIL (For appointment reminders, vaccination recall and various clinic promotions and updates)

PHONE CALL (For appointment reminders and vaccination recalls)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Spouse: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate/Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? Internet Search Breeder Other Veterinarian/Vet Clinic

Friend \_\_\_\_\_ (We would like to send them a 'Thank you!')

Other \_\_\_\_\_

By signing this form, in accordance with the City of Calgary Bylaw, the primary contact person for the animal named below is over the age of 18 years \_\_\_\_\_ (Primary Owner's Signature)

## Pet Information and Brief History

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

Species:  CAT  DOG Sex: Male/Neutered Female/Spayed

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

Color/Markings: \_\_\_\_\_

Birthday: \_\_\_\_\_

Is your pet:  Indoor (Outside briefly for walks/park/bathroom)

Outdoor (Spends significant time outdoors)

Is your pet up to date on vaccines?  Y  N

Allergies or Medical Alerts (i.e. Seizures, Food Allergy) Please specify: \_\_\_\_\_

Tattoo/Microchip Number: \_\_\_\_\_

Previous Vet Clinic: \_\_\_\_\_

Do you currently have Pet Insurance? \_\_\_\_\_

### Social Media Preference (Please Mark Your Preference):

I give Animal Clinic West permission to post pictures of my pet on their social media network, including but not limited to the associated clinic website and Facebook.

I do not give Animal Clinic West permission to post pictures of my pet on any social media platform.

**FORM CONTINUES ON BACKSIDE**

# ANIMAL CLINIC WEST DISCLAIMER AND POLICY

## Payment Policy

**PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.** Patients that need to be hospitalized at Animal Clinic West **WILL NOT** be released without payment. Prior to admitting for hospitalization treatment, Animal Clinic West staff members will prepare a written estimate which will require a signature from the Owner or Acting Owner. If the Owner or Acting Owner are unable to accept the terms and price of the estimate provided, they are obligated to notify Animal Clinic West staff prior to treatment. **We accept Visa, Mastercard, Debit and Cash as payments. WE DO NOT ACCEPT PERSONAL CHEQUES OR AMERICAN**

**EXPRESS CARDS.**    **X** \_\_\_\_\_ Owner Initials

## Consent to Collect, Use and Disclose Personal Information

Animal Clinic West complies with the Personal Information Protection Act, which came into effect in Alberta on January 1, 2004. We are committed to respecting the privacy rights of all our clients by ensuring their information is collected, used and disclosed in an appropriate manner.

Animal Clinic West collects, uses and discloses client's personal information for the following reasons;

- To maintain current and accurate client files and to thank me for referring other clients to Animal Clinic West
- To communicate with me in order to provide ongoing veterinary medical services to my pet(s) such as to advise me that my pet(s) are due for vaccines or would benefit from a particular service or procedure.
- To disclose my personal information and pets' medical records to other veterinary practices for referral purposes or as requested by me.
- To re-unite me with my pet(s) in the event that they may become lost and to communicate with my emergency contact person should I be unavailable in an emergency.
- To generate statistical data that does not identify me personally.
- To meet legal and regulatory requirements set down by the City of Calgary and to communicate with the City of Calgary Animal Services for adoptions and bylaw enforcement if required.
- To collect my account or process bills on my credit card should I give consent to do so.
- For other such purposes as may be determined by Animal Clinic West, acting reasonably, or as is otherwise authorized or required by law.

By signing below, I authorize Animal Clinic West to collect and disclose my personal information if required in accordance with the reasons listed above. I also confirm, as in accordance with the City of Calgary's Bylaw (23M2006 Section 3, Subsection 3), that the signature of the person below is of the Primary Owner and is over the age of 18.

**X** \_\_\_\_\_ Signature \_\_\_\_\_ Date