

New Client Information

Thank you for giving Dr. Huw Williams the opportunity to care for your pet(s). Please help us better meet your needs by taking a few moments to fill out this information sheet.



KLO
VETERINARY
CLINIC

Owner's Name: _____ Spouse/Other: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone #: _____ Work Phone #: _____ Other Phone #: _____

Email Address: _____ How did you hear about our hospital? _____

Preferred Method of Payment - Professional fees are due at time services are rendered. Unfortunately, we do not accept personal cheques.

- Cash
 Debit
 MasterCard
 Visa
 American Express

Animal Medical History - Please complete information for all your pets

	Pet #1	Pet #2	Pet#3
Pet's Name			
Species (Canine, Feline, Avian etc.)			
Breed			
Color and Markings			
Age or Date of Birth			
Sex	Male / Female	Male / Female	Male / Female
Neutered or Spayed?	Yes / No	Yes / No	Yes / No

Vaccinations - Please note the dates the following vaccines were given

DOGS: DA2PP, Bordetella, Rabies			
CATS: FVRCP, Leukemia, Rabies			
Medical History - Prior Illness/Surgery:			

Signature: _____ Date: _____