

Client Registration Form

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

Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **I prefer to be contacted by:**  Choose an item.

Spouse name (if applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse can make medical decisions: Choose an item.  
IF YES, include phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does a **third party** require us to contact them prior to care given? (ex. co-owner, breeder) Choose an item.

IF YES: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_ Pet(s):\_\_\_\_\_\_\_\_\_\_\_

An **emergency contact** is someone who can make medical decisions anytime if you are unavailable:

My spouse is my emergency contact   **or** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An **agent** is someone who may on occasion bring your animal(s) into the hospital, who may make medical decisions while the animal is temporarily in their custody, a legal guardian, support worker, pet sitter while owner is away, family, friend, babysitter, coworker, or any point of contact who can receive medical information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent can make medical decisions: Choose an item.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent can make medical decisions: Choose an item.

**\*\*\*It is your responsibility to promptly inform us of any changes to the above information\*\*\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Privacy policy: *Client & patient information is to remain confidential as per College of Veterinarians regulations.*

For the health and safety of your animal(s), and as per the College of Veterinarians (CVO) regulations*, we must maintain a current and valid Veterinarian-Client-Patient Relationship (VCPR)* in order for our healthcare team to provide quality veterinary services. To maintain a VCPR with SRCH, the following must be honoured:

1) We require all previous medical records be forwarded from any previous or current veterinarian(s) 2) Your animal(s) must be examined by an SRCH veterinarian, and, in order to stay current on your animal's health, an SRCH veterinarian must examine him/her a minimum of every:

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* 2 years for patients under the age of 14, though **yearly examinations are recommended**
* 1 year for patients 14 yrs of age or older OR patients with an on-going health issue\*, though **semi-annual examinations are recommended** (\*monitoring tests may be required for patients with on-going health issues in order to safely prescribe or recommend treatment)

1. Whilst you are entitled to a second opinion at any time, or should you choose to seek veterinary care elsewhere for any reason, we require prompt notice so as to coordinate care of services and help prevent medical errors. SRCH may deny routine or emergency veterinary care once we are informed of transfer of care to another veterinarian, notice has been given that the VPCR is no longer valid, or it is reasonably assumed your pet is no longer in need of our services as per CVO regulations.
2. We must promptly be notified of any change in your contact information, including spouse, emergency and agent information. Should we fail to be able to contact you after multiple reasonable attempts, the VPCR may be considered jeopardized.

Cat(s) will be registered upon the booking of an appointment. We do not take new patients on emergency basis. **Emergency care is available for registered patients with a valid and current VPCR**. Please call the hospital at 705-586-0414 and follow the prompts.

**For the safety of your cat, as well as our staff**, please inform us at time of booking whether your cat has bitten or scratched anyone at previous veterinary appointments (or has attempted to), is known to be aggressive towards strangers, or if you suspect that your cat is likely to become aggressive during a veterinary visit.

We recommend that all patients of appropriate age be spayed, neutered, microchipped and kept up-to-date on their vaccinations and anti-parasite control as recommended by an SRCH veterinarian. We also accept proof of current vaccine titres. *Please note that rabies vaccination is required by law.* Pet insurance is recommended. We advise that all animals be secured in a carrier or on leash when coming into the clinic.

Fees for our veterinary care are due at time of services rendered. HST is applicable to veterinary services and products.We accept cash, interac, mastercard and visa. We may require a deposit or payment up-front for veterinary services. Payment plans are available through third-party financing (ex. PayBright). Interest may be accrued on accounts overdue by more than 30 days.

Please note there is a fee for missed appointments or when notice of less than 24 hours is given: $60 for medical appointment and $165 for surgery/dentistry appointments.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand and agree to the contents of this form. Any questions I have about this form have been addressed to my satisfaction. I am over the age of 18 years (or please have your guardian sign on your behalf):*

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

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

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