



Welcome to Central Langley Pet Hospital!

'Caring for Pets and Their People'



Your Name: _____
first last

Spouse: _____
first last

Address: _____
street city province postal code

Cell phone: _____

Home phone: _____

Work phone: _____

Email: _____

for appointment reminders and communication about your pet only

My preferred methods of contact are: Call Cell Call Home Call Work Email Text

How did you find us? () Google Search () Social Media () Referral by: _____

() Drove/walked by () Petsmart Store () Petsmart Grooming () Other: _____

PET INFORMATION

DOG/ CAT	NAME	BREED	COLOUR	DATE OF BIRTH M/D/Y	MALE/FEMALE	SPAYED/ NEUTERED

Is your pet currently on any medication, flea or heartworm preventatives, supplements, or vitamins? () YES () NO

If yes, please list: _____

Are there any prior illnesses, injuries, or surgeries we should know about? () YES () NO

If yes, please explain: _____

Any behavioural issues or concerns? () YES () NO

If yes, please explain: _____

Any food allergies or sensitivities? () YES () NO If yes, please list: _____

Previous Veterinarian: _____ Consent to obtain your pets medical records? () YES () NO

Signature: _____

Date: _____