



Fax : (905) 264 6074

8611 Weston Road, Unit 5  
Vaughan  
ON L4L 9P1

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## New Client Form

Name (Primary Owner):

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address:

Street Address: \_\_\_\_\_

Address line two: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email:

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

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

I consent to receive electronic communications:

- Yes
- No

Name (Secondary Owner if applicable):

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address:

Street Address: \_\_\_\_\_

Address line two: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Phone:**

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Email:**

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

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

I consent to receive electronic communications:

- Yes
- No

**How did you find our practice?**

- Clinic Location/Sign
- Personal Referral
- Internet Search/Website/Social Media (If applicable: Circle one)
- Other

If Personal Referral, is there someone we can thank for this referral?

\_\_\_\_\_

If Other, please specify:

\_\_\_\_\_

**Choose which services you would like your pet to receive:**

- Medical
- Grooming
- Boarding

\*Please continue to the next page for rest of the form.

\*If you have multiple pets, please fill out form to the best of your ability for each pet.

**Pet Information:**

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

Species: \_\_\_\_\_

Breed (if known): \_\_\_\_\_

Colour: \_\_\_\_\_

Special Markings (if any): \_\_\_\_\_

Date of Birth or Age (if known): \_\_\_\_\_

**Sex:**

- Male
- Neutered Male
- Female
- Spayed Female

Previous Veterinarian or Practice (if any): \_\_\_\_\_

\*Please bring your pet's vaccination and any medical records to your first appointment or contact one of our Client Service Representatives to obtain from your present/past veterinary clinic for you.

**Additional Information (Optional):**

Please list any allergies or reactions your pet has (if known):

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

Please list any other relevant information about your pet (i.e. current illnesses/surgeries/medication/diets):

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

**On behalf of Northview Pet Hospital's staff and community –Welcome!**

\_\_\_\_\_  
**Dr. Tunde Buday & Associates**