



Date _____

OWNER/PATIENT INFORMATION

Dr. Loff and the staff of Eastridge Animal Hospital would like to welcome you to our facility. Thank you for choosing us to meet your pet's special health care needs. To allow us to provide the best possible care, we ask you to take a few minutes to fill out this information sheet.

What is most important to you from your veterinarian? _____

Owner's Name: _____
(last) (first)

Spouse/Partner's Name: _____
(last) (first)

Address: _____

City: _____ PostalCode: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Referred By: _____

First Pet:

Name: _____ Sex: Male Female

Spayed/Neutered: Yes No Dog Cat Bird Other: _____

Breed: _____ Birthdate: _____

Colour: _____ Tattoo/Microchip: _____

Any previous medical problems? _____

Name of previous Veterinarian? _____

Second Pet:

Name: _____ Sex: Male Female

Spayed/Neutered: Yes No Dog Cat Bird Other: _____

Breed: _____ Birthdate: _____

Colour: _____ Tattoo/Microchip: _____

Any previous medical problems? _____

Name of previous Veterinarian? _____

Payment Policy



In order to minimize the cost of medical services, we ask that all accounts be paid in full at the conclusion of the office visit or hospital stay. We accept cash, Interac, Visa, Mastercard and American Express.

I have read and understand the above payment options.

(Signature)

(Date)