



Apsley Veterinary Services

Melillo Veterinary Medicine Professional Corporation

Partners in Your Pet's Health.

9779 Highway 28, Apsley, Ontario K0L 1A0

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New Client & Patient Information Form

Thank you for scheduling an appointment with us! Please take a moment to fill out a client profile. You can email it back to us or bring it to your appointment. Alternatively, you can access and send the form from our website www.apsleyveterinaryservices.ca.

Client Information

Name	Last	First	
Address	Number, Unit (if applicable) and Street Name		
	City	Province	Postal Code
Phone Number (Please circle the best # to reach you at)			
Alternate Phone Number	Cell	Work	
Spouse/Alternate Contact			
Email (select box below)			
<input type="checkbox"/>	By checking this box, you consent to receiving EMAIL & TEXT communication from Apsley Veterinary Services (reminders, updates, general communication, important changes in the veterinary field, important upcoming events, etc.).		
<input type="checkbox"/>	Do you have myVETstore account registered with another veterinary hospital?		
How did you hear about us? (circle one)	Google / Facebook / Website / Drive by / Website / Location / Word of Mouth / Referred (Friend or Family) If so by:		

Pet Information

Name			
Breed			
Colour		Date of Birth	
Sex (circle one)	Male / Female / Male Neutered / Female Spayed		
Microchip	Yes	No	Microchip #
Previous Veterinary Hospital	Do you give consent for us to call previous veterinary hospital for medical records? (please circle)		YES NO
Photo Consent	I hereby give consent to having my happy and comfortable pet's picture taken while in hospital. This photo would be taken for educational and/or use on social media. (please circle)		YES NO

Client Signature _____

Date _____