



# *Animal Hospital of High Park*

*Animal Hospital of High Park Professional Corp.*

3194 Dundas St. W. Toronto, ON M6P 2A3  
(416) 763-4200

**Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a few minutes to complete this information form.**

Owner's Name: \_\_\_\_\_ (You must be 18 years or older to fill out this form)

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Would you like to add another name to the account? No \_\_\_\_\_ Yes \_\_\_\_\_ Name/Relationship \_\_\_\_\_  
(By checking "YES" you will allow us to communicate medical information with this person)

**TO AVOID CONFUSION, ONE FAMILY MEMBER WILL BE THE CONTACT PERSON FOR THE ATTENDING DOCTOR.**

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ COLOUR: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Birthdate/Approximate Age: \_\_\_\_\_ Neutered/Spayed: YES \_\_\_ NO \_\_\_

Microchipped: Y \_\_\_ N \_\_\_ Pet Insurance: Y \_\_\_ N \_\_\_ Previous Veterinary Clinic: \_\_\_\_\_

How did you hear about us? Friend \_\_\_ Another Clinic (please name) \_\_\_\_\_ Internet \_\_\_ Ad \_\_\_ Other \_\_\_

**PLEASE NOTE:** To prevent the spread of infectious diseases, we require that hospitalized and boarded animals be current on vaccines and free of parasites.

**ALSO NOTE:** Pharmaceutical companies do not run species-specific trials for the majority of drugs used in the veterinary field. Our drug choices are based on pharmacological trials currently available in the literature and our own clinical experience. All reasonable safety precautions are taken in the selection of drugs used for your pet. Alternative medical treatment options are also available. We can suggest applicable options to complement conventional treatments.

I understand that most drugs prescribed for usage in veterinary medicine are extra-label and I authorize the use of extra-labeled pharmaceuticals under veterinary supervision for my pet.

I consent to the collection and use of personal information in accordance with the Personal Information & Electronic Documents Act.

SIGNATURE: \_\_\_\_\_

Do you authorize the Animal Hospital of High Park to use pictures of your pet for educational purposes? YES \_\_\_ NO \_\_\_

Do you authorize the Animal Hospital of High Park to send electronic messages and reminders to the email address provided?  
YES \_\_\_ NO \_\_\_

---

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**  
**For your convenience we accept VISA/MC/AMEX/DEBIT and cash, NO CHEQUES ARE ACCEPTED.**