**Oxford County Veterinary Clinic**

**Client-Patient Registration Form and Consent Form**

**Client Information (Owner)**

|  |  |
| --- | --- |
| Client Name: | |
| Home Address: Unit/Apt/PO: | |
| City: | Postal Code: |
| Preferred reminders/communication (circle one): phone / email / mail | |
| Home Phone: | Email: |
| Cell 1: | Cell 2: |
| Work #: | Occupation: |

**Emergency Contact**

|  |
| --- |
| Name: Relationship to you: |
| Phone: |

**Patient Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Cat/Dog: |  |  |  |
| Breed: |  |  |  |
| Sex: |  |  |  |
| Colour: |  |  |  |
| Birthdate: |  |  |  |
| Microchip: |  |  |  |
| Spay/Neuter: |  |  |  |
| Allergies: |  |  |  |
| Prior Illness: |  |  |  |

**I was referred by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Oxford County Veterinary Clinic**

**570 Ingersoll Ave, Woodstock, ON, N4S 4Y2**

**P: 519-290-9400 F:519-290-9401**

**Email: info@oxfordcountyvet.com**

**Web: www.oxfordcountyvet.com**

**Consent Form**

**Photography:**

I consent to allow Oxford County Veterinary Clinic to take and use photographs of my pet on their website, on social media (Facebook) and in print. I understand that only the name of my pet may be displayed and no other personal data.

Yes / No \_\_\_\_\_\_\_\_\_\_ Initial

**Email Consent:**

By providing my email address, I understand that I am automatically signed up to receive clinic emails (sent no more then once monthly); and signed up for the VitusVet Client communication tool and consent to email communication between the hospital staff and I

\_\_\_\_\_\_\_\_Initial

**Vitus Vet:**

By providing my email address and phone number, I understand that I will be automatically signed up for the VitusVet Communication tool which allows me to communicate with the veterinary hospital via text message, email and via the free app (which I can choose to download)

\_\_\_\_\_\_\_\_Initial

**MyVetStore:**

I would like to sign up for Oxford County Veterinary Clinic’s online webstore; Can purchase many items including food, treats, toys, tools, etc. Paid online by credit card and can be an in-clinic pick up or delivery to any address. Any purchase over $100 is free shipping! Please ask OCVC staff for more information if interested.

Yes / No \_\_\_\_\_\_\_\_Initial

**Hospital Policies:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the owner of the above animals and am over the age of 18. I have read, understood and agree to the hospital policies as written in a separate document provided to me.

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

Signature Date

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**Record Request**

|  |  |
| --- | --- |
| **I consent to allow Oxford County Veterinary Clinic to request the complete medical records from my previous veterinarian for my animal (s) listed below and to have them transferred to Oxford County Veterinary Clinic via fax (519-290-9401) or email (**[**info@oxfordcountyvet.com**](mailto:info@oxfordcountyvet.com)**) for continuity of care.** | |
| **Previous Veterinary Hospital:** | |
| **Phone #/email:** | |
| **Animal Name** | **Species** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Owners Signature**: | |
| **Owners Printed Name:** | |
| **Date:** | |